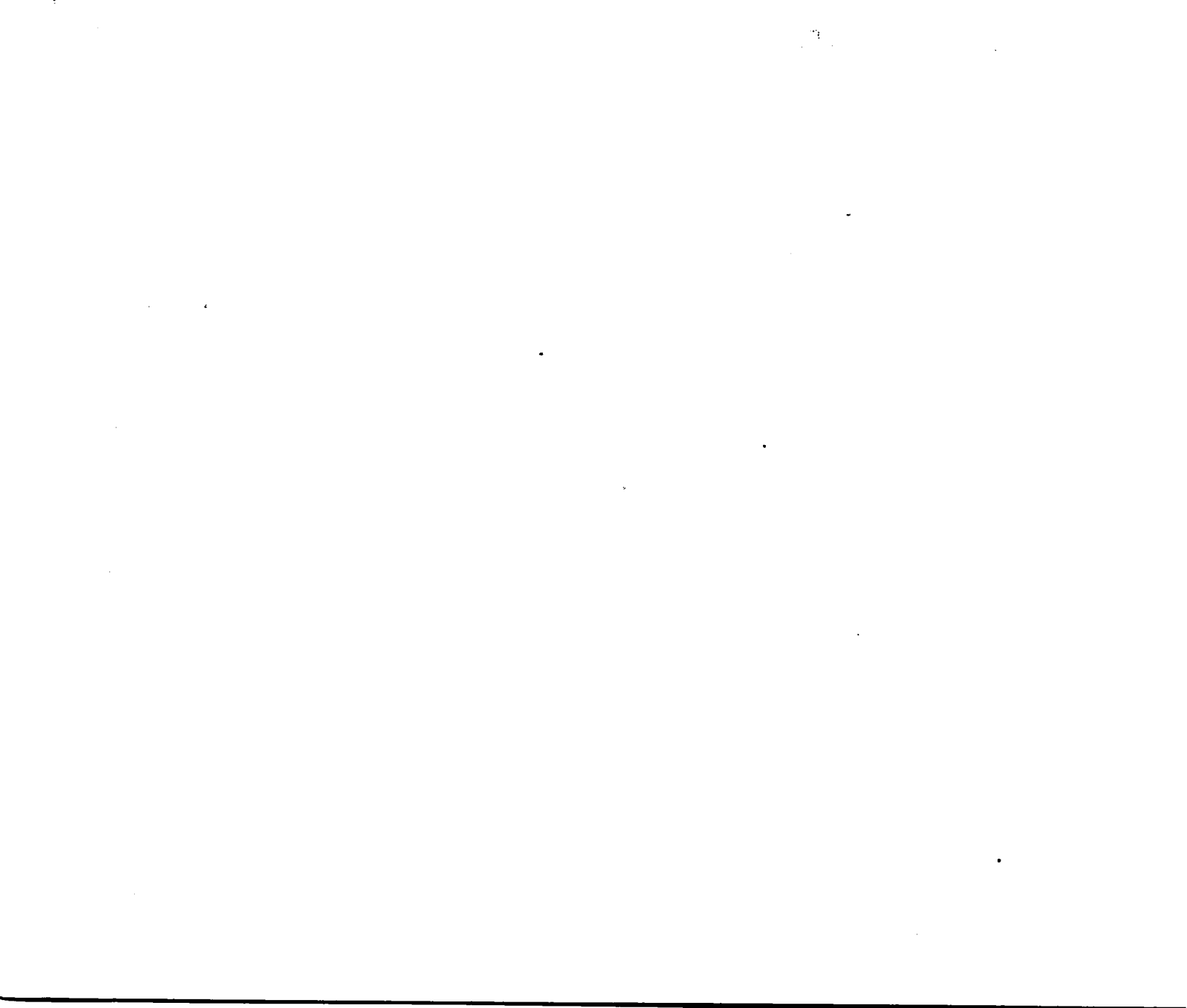


RECEIVED
Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
FEB 25 1958 State of Idaho

State File No. 001
Local Reg. No. 45
Reg. Dist. No. 272

1. PLACE OF STILLBIRTH a. COUNTY Ada Bureau of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Alphonsus Hospital		d. STREET ADDRESS (If rural, give location) 1526 Vermont Street	
3. CHILD'S NAME (Type or Print) Charlene Kay Bates			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 20, 1958
7. FATHER'S NAME a. (First) David b. (Middle) E. c. (Last) Bates	8. COLOR OR RACE White		
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Nampa, Idaho	11a. USUAL OCCUPATION Heavy Duty Mechanic	11b. KIND OF BUSINESS OR INDUSTRY Construction
12. MOTHER'S MAIDEN NAME a. (First) D. b. (Middle) Geneva c. (Last) Sims	13. COLOR OR RACE White		
14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) Columbia, Mo.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT L. Cecil E. Bates 1526 Vermont Street, Boise, Idaho			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? (Yes..... No.....) Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES Placental Separation of placenta - total	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR ante partum fetal death		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE Dr. Cecil E. Bates	23b. DATE SIGNED Jan. 31, 1958
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL Robert E. Summers	FILE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 1/22/58	25c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 2-13-58	REGISTRAR'S SIGNATURE Mable Palmer	26. FUNERAL DIRECTOR'S ADDRESS SUMMERS FUNERAL HOME Boise, Idaho	



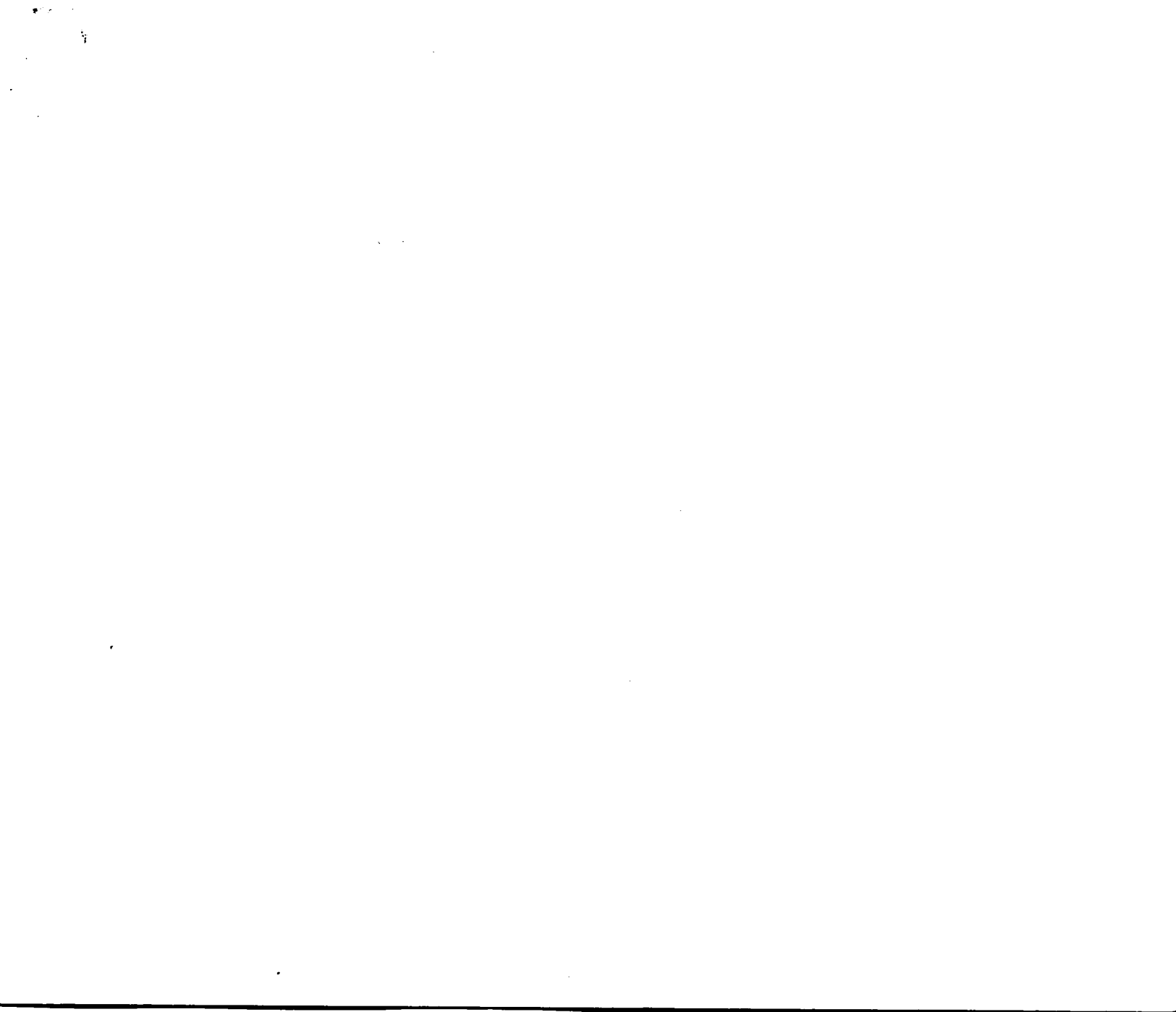
RECEIVED
JAN 23 1958
49 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) 401 N.W. Main	
3. CHILD'S NAME (Type or Print) Not Named			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) January 9, 1958
7. FATHER'S NAME a. (First) Charles b. (Middle) Junior c. (Last) Frasure		8. COLOR OR RACE White	
9. AGE (At time of this birth) 20 YEARS	10. BIRTHPLACE (State or foreign country) Kentucky	11a. USUAL OCCUPATION Plant Engineer	11b. KIND OF BUSINESS OR INDUSTRY American Linen Co.
12. MOTHER'S MAIDEN NAME a. (First) Marilyn b. (Middle) Kay c. (Last) Jensen		13. COLOR OR RACE White	
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) Blackfoot, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Elaine Jensen</i> Clerk			
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH LBS. 7 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <i>Premature labor at 5 months; cause undetermined</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:10 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Walter E. Hoge, M.D.</i>	
23b. DATE SIGNED January 11, 1958		23c. ATTENDANT'S ADDRESS <i>Blackfoot, Idaho</i>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Ingvald Tork</i>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 1-9-58	25c. NAME OF CEMETERY OR CREMATORY Bingham Memorial Hospital	25d. LOCATION (City, town, or county) (State) Blackfoot, Idaho
DATE REC'D BY LOCAL REG. 1-13-58	REGISTRAR'S SIGNATURE <i>Mrs. Walter E. Hoge</i>	26. FUNERAL DIRECTOR <i>Ingvald Tork</i>	



PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED
(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 003Local Reg. No. 4Reg. Dist. No. 6.12

1. PLACE OF STILLBIRTH a. COUNTY Bonneville b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls c. FULL NAME OF HOSPITAL OR INSTITUTION Sacred Heart Hosp.			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jefferson c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ririe d. STREET ADDRESS (If rural, give location) X		
3. CHILD'S NAME (Type or Print) DAVID HULSE					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) January 6, 1958		
7. FATHER'S NAME a. (First) Dale b. (Middle) Delbert c. (Last) Hulse			8. COLOR OR RACE White		
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Ririe, Idaho	11a. USUAL OCCUPATION Well Driller	11b. KIND OF BUSINESS OR INDUSTRY Drilling		
12. MOTHER'S MAIDEN NAME a. (First) Margie b. (Middle) Helen c. (Last) Cordon			13. COLOR OR RACE White		
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Tuscon, Arizona	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? 1			
17. INFORMANT Dale Hulse					
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Aug 7, 1957			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Not Known 20b. MATERNAL CAUSES Not Known			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Fetal Epodus at 7 months			22. STATE ALL OPERATIONS FOR DELIVERY Spontaneous		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Clifford B. Rigby M.D. 23c. ATTENDANT'S ADDRESS Rigby, Idaho		23b. DATE SIGNED 1/7/58 24. SIGNATURE OF AUTHORIZED OFFICIAL C. B. Hulse TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 1/7/58	25c. NAME OF CEMETERY OR CREMATORY Pioneer	25d. LOCATION (City, town, or county) (State) Rigby, Idaho		
DATE REC'D BY LOCAL REG. Jan. 10 - 58		REGISTRAR'S SIGNATURE Lena Bridges		26. FUNERAL DIRECTOR C. B. Hulse ADDRESS Rigby, Idaho	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **004**
Local Reg. No. **6**
Reg. Dist. No. **6/6**

RECEIVED

JAN 21 1958

1. PLACE OF STILLBIRTH a. COUNTY Bonneville b. CITY OR TOWN Idaho Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville c. CITY OR TOWN Idaho Falls d. STREET ADDRESS (If rural, give location) 853 No. Blvd.	
3. CHILD'S NAME (Type or Print) Baby Ritchie			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) January 8 1958
7. FATHER'S NAME a. (First) Thomas b. (Middle) J. c. (Last) Ritchie		8. COLOR OR RACE White	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Clerk	11b. KIND OF BUSINESS OR INDUSTRY Retail Store
12. MOTHER'S MAIDEN NAME a. (First) Doris b. (Middle) Gneiting c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Thomas & Ritchie Idaho Falls			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES unknown - congenital defect 20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) John S. Hatcher M.D. 23c. ATTENDANT'S ADDRESS 100-8 1st St Idaho Falls, Idaho If NOT attended by physician	
23b. DATE SIGNED Jan. 13-1958		24. SIGNATURE OF AUTHORIZED OFFICIAL Ralph M. Wood TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 1/9/58	25c. NAME OF CEMETERY OR CREMATORY Iona Cemetery	25d. LOCATION (City, town, or county) (State) Iona Idaho
DATE REC'D BY LOCAL REG. Jan. 14-1958	REGISTRAR'S SIGNATURE Genea Bridges	FUNERAL DIRECTOR Ralph M. Wood ADDRESS Idaho Falls, Idaho	

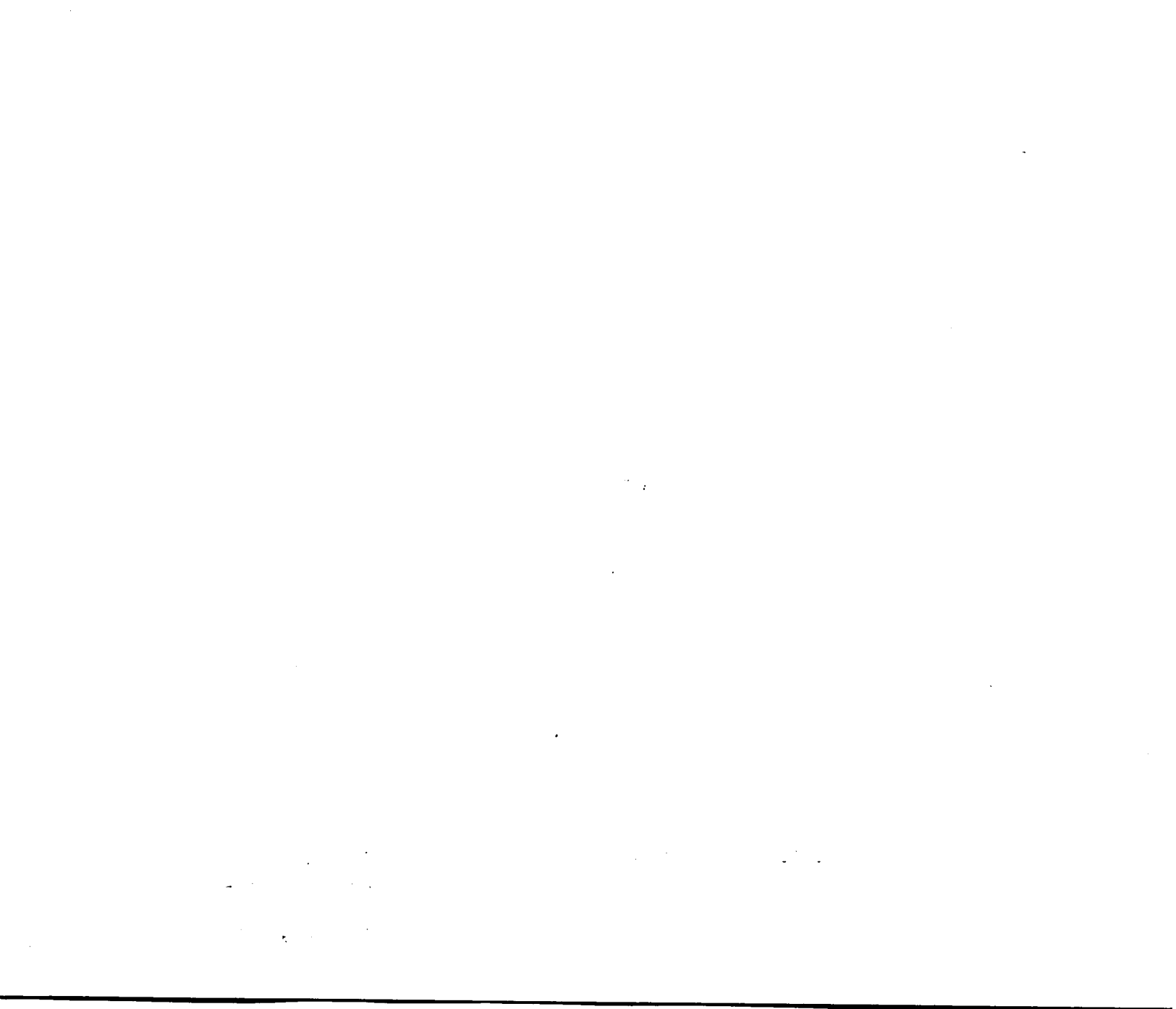
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RECEIVED CERTIFICATE OF STILLBIRTH

State of Idaho

FEB 3 1958

1. PLACE OF STILLBIRTH a. COUNTY <u>CANYON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CALDWELL</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>CALDWELL MEMORIAL</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>IDAHO</u> b. COUNTY <u>CANYON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WILDER</u> d. STREET ADDRESS (If rural, give location) <u>ROUTE 2</u>	
3. CHILD'S NAME (Type or Print) <u>BABY BOY GILBERTSON</u>			
4. SEX <u>MALE</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>JAN 12, 1958</u>
7. FATHER'S NAME a. (First) <u>ROY</u> b. (Middle) c. (Last) <u>GILBERTSON</u>		8. COLOR OR RACE <u>WHITE</u>	
9. AGE (At time of this birth) <u>50</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>IRENE, SO. DAKOTA</u>	11a. USUAL OCCUPATION <u>FARMER</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>EILEEN</u> b. (Middle) <u>J.</u> c. (Last) <u>SKOV</u>		13. COLOR OR RACE <u>WHITE</u>	
14. AGE (At time of this birth) <u>44</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>SIoux CITY, IOWA</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>8</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>ROY GILBERTSON FATHER</u>			
18a. LENGTH OF PREGNANCY <u>39</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>13</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Remained Separation of Placenta</u>		20a. FETAL CAUSES 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarian Section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>[Signature]</u>		(Specify if M. D., midwife, or other) <u>M.D.</u>
	23b. DATE SIGNED <u>1-12-58</u>	23c. ATTENDANT'S ADDRESS <u>[Signature]</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>1-14-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Wilder Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Wilder, Idaho</u>
DATE REC'D BY LOCAL REG. <u>1-28-58</u>	REGISTRAR'S SIGNATURE <u>Egnes M. Denman</u>	26. FUNERAL DIRECTOR <u>Peckham Dakan-Davis Chapel</u> <u>Caldwell, Idaho</u>	

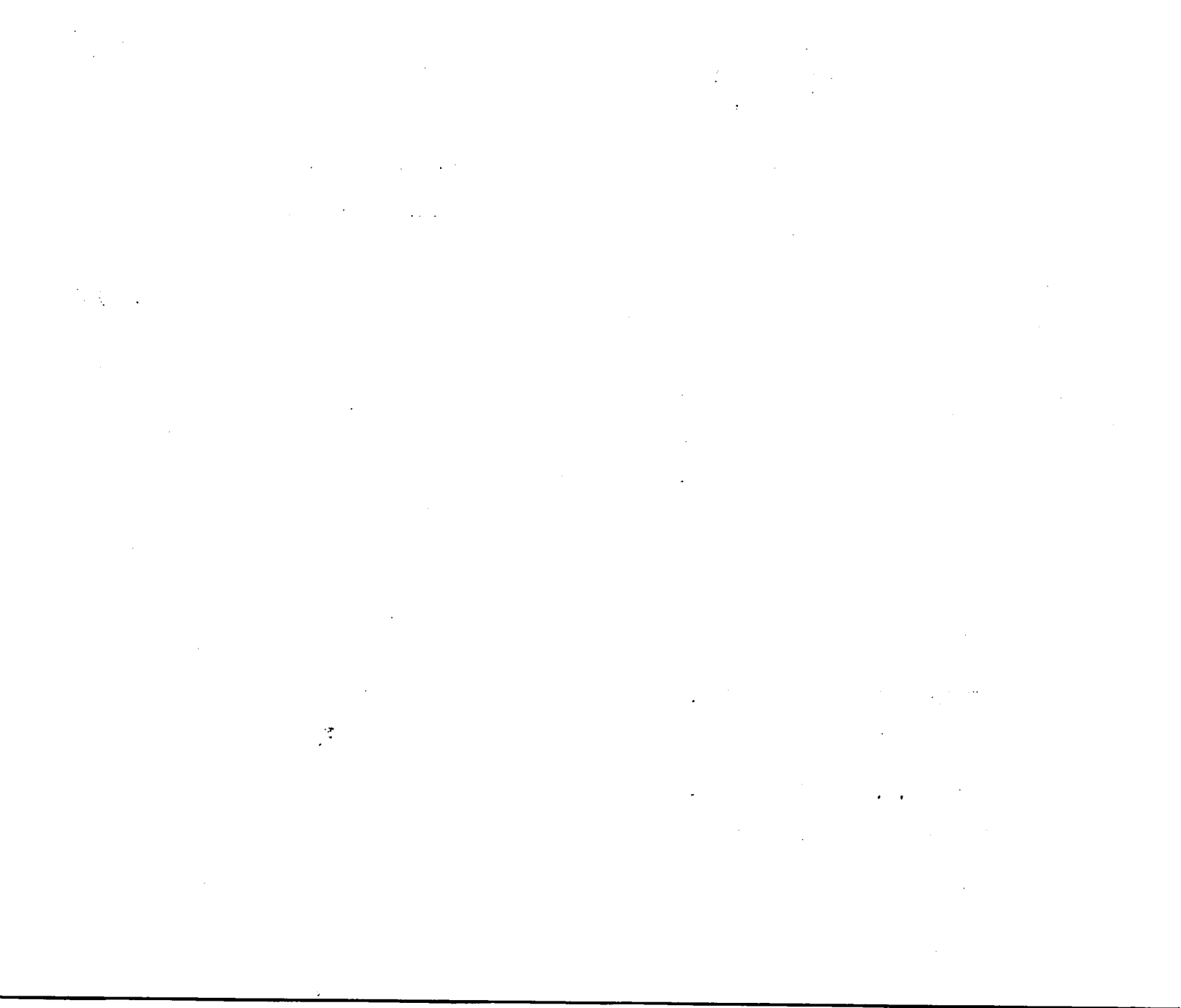


RECEIVED
CERTIFICATE OF STILLBIRTH

JAN 17 1958

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY ELMORE b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MTN HOME AFB, IDAHO c. FULL NAME OF HOSPITAL OR INSTITUTION 4165TH USAF HOSPITAL		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY ELMORE c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MTN HOME AFB, IDAHO d. STREET ADDRESS (If rural, give location) 28A Spruce Street	
3. CHILD'S NAME (Type or Print) RICHARD PAUL NIMS			
4. SEX Male	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) January 6, 1958
7. FATHER'S NAME FRANK	a. (First) LESLIE	b. (Middle) NIMS	c. (Last) Cau
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) WASHINGTON, Sumas	11a. USUAL OCCUPATION USAF	11b. KIND OF BUSINESS OR INDUSTRY USAF
12. MOTHER'S MAIDEN NAME BETTY	a. (First) MILES	b. (Middle) HOGG	c. (Last) Cau
14. AGE (At time of this birth) 38 YEARS	15. BIRTHPLACE (State or foreign country) WASHINGTON, Vancouver	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Frank L. Nims</i>			
18a. LENGTH OF PREGNANCY 39 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 16 May 57	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature separation of placenta, antepartum Hemorrhage	
		20b. MATERNAL CAUSES Premature separation of placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Third trimester bleeding, superficial Thrombophlebitis		22. STATE ALL OPERATIONS FOR DELIVERY Internal version and extraction	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:04 P.M. m.		23a. ATTENDANT'S SIGNATURE <i>Stanley Whene M.D.</i> 23c. ATTENDANT'S ADDRESS Ida USAF Hosp, Mtn Home AFB	23b. DATE SIGNED 7 January 1958
25a. BURIAL, CREMATION, REMAIN (Specify) Buried		25b. DATE 8 Jan 58	25c. NAME OF CEMETERY OR CREMATORY Mtn. View Cemetery
25d. LOCATION (City, town, or county) (State) Mtn. Home, Idaho		26. FUNERAL DIRECTOR <i>Arthur Smith</i> ADDRESS Bey Mortuary, Inc. Mtn. Home, Idaho	
DATE REC'D BY LOCAL REG. 7 Jan 58		REGISTERAR'S SIGNATURE <i>E. Anderson</i>	



RECEIVED

(Division of Standard Certificate)

FEB 3 1958

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

007

Local Reg. No.

Reg. Dist. No. 340-341

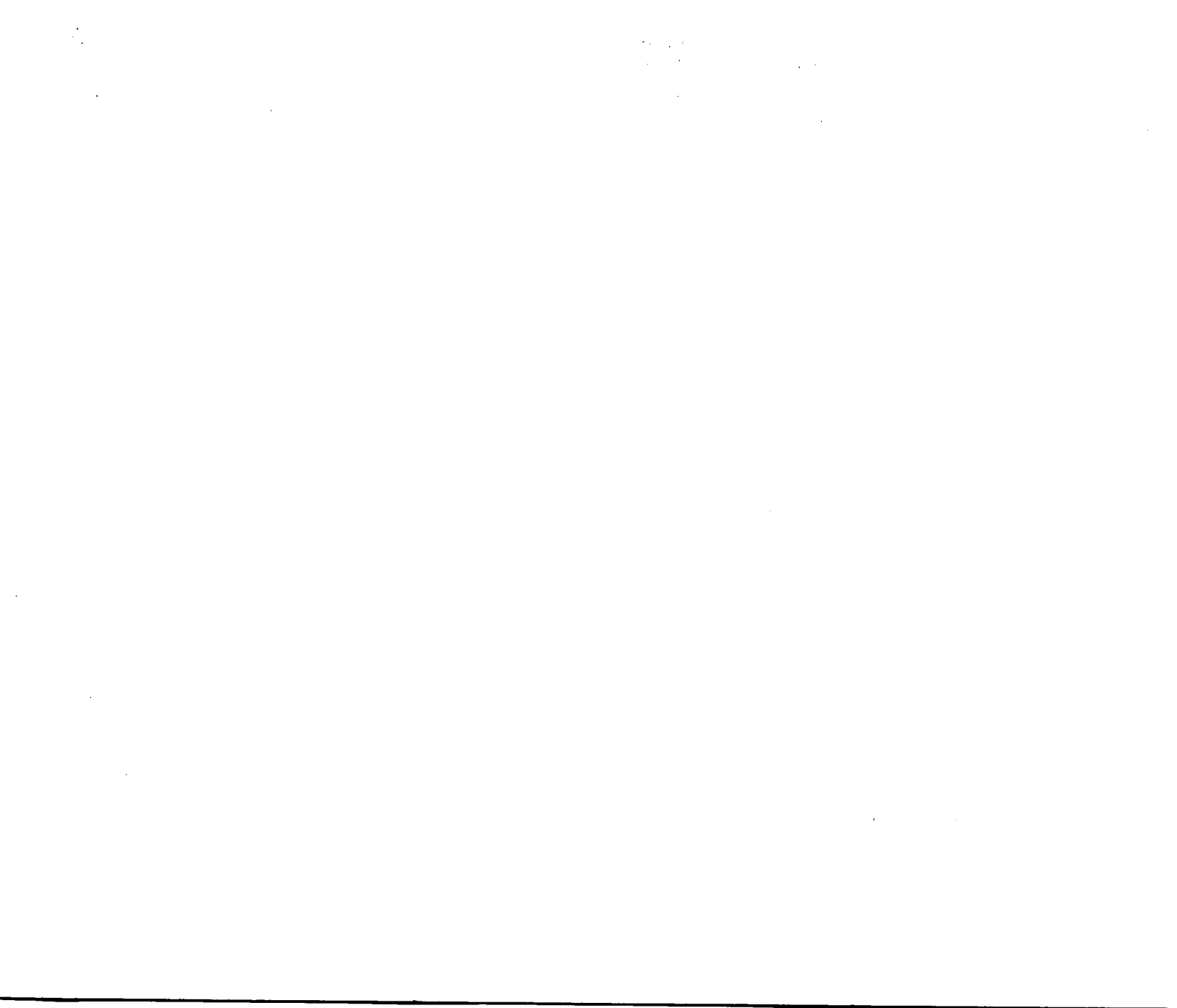
1. PLACE OF STILLBIRTH a. COUNTY <u>Gem</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gem</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mary Secor Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>618 So. Comm.</u>	
3. CHILD'S NAME (Type or Print) <u>Julie Kelley Prough</u>			
4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan. 25, 1958</u>
7. FATHER'S NAME a. (First) <u>unknown</u> b. (Middle) c. (Last)		8. COLOR OR RACE	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Wanetta</u> b. (Middle) <u>Prough</u> c. (Last)		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>17</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Lincoln, Nebr.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Julie Kelley Prough</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Pulmonary atelectasis</u> 20b. MATERNAL CAUSES <u>Premature labor</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>8:30</u> A. M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Wm B. Jewell</u> M.D. 23c. ATTENDANT'S ADDRESS <u>107 N. Comm.</u>	
23b. DATE SIGNED <u>1-29-58</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Thorn W. Beatty</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>Jan. 27, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Emmett</u>	25d. LOCATION (City, town, or county) (State) <u>Emmett, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Jan. 29, 1958</u>		26. FUNERAL DIRECTOR <u>Thorn W. Beatty</u> ADDRESS <u>The Beatty Chapel, Emmett, Ida.</u>	

FEB 18 1999

RECEIVED DIVISION OF VITAL STATISTICS

JAN 30 1958 State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Latah		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Benewah	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moscow		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sanders, Idaho	
c. FULL NAME OF HOSPITAL OR INSTITUTION Gritman Memorial Hospital		d. STREET ADDRESS (If rural, give location) Sanders, Idaho	
3. CHILD'S NAME (Type or Print) Tania Weatherford			
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 6, 1958
7. FATHER'S NAME a. (First) Willis b. (Middle) Weatherford c. (Last) White		8. COLOR OR RACE White	
9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) Palouse, Washington	11a. USUAL OCCUPATION Logger	11b. KIND OF BUSINESS OR INDUSTRY Logging
12. MOTHER'S MAIDEN NAME a. (First) Julia b. (Middle) Krieter c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) St. Maries, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 Girl b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Willis Weatherford			
18a. LENGTH OF PREGNANCY 16 WEEKS	18b. WEIGHT AT BIRTH - LBS. 14 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown	
		20b. MATERNAL CAUSES Unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Around 4 months pregnant		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:45 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) E. J. Klearman M.D.	
23b. DATE SIGNED Jan. 10, 1958		23c. ATTENDANT'S ADDRESS Box 402, Moscow, Ida.	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Donald Ward		TITLE Moscow, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE 1-8-1958	25c. NAME OF CEMETERY OR CREMATORY Golden Rod Cemetery	25d. LOCATION (City, town, or county) (State) Tekoa, Washington
DATE REC'D BY LOCAL REG. 1/15/58	REGISTRAR'S SIGNATURE Lois E. Shroy	26. FUNERAL DIRECTOR Donald Ward	

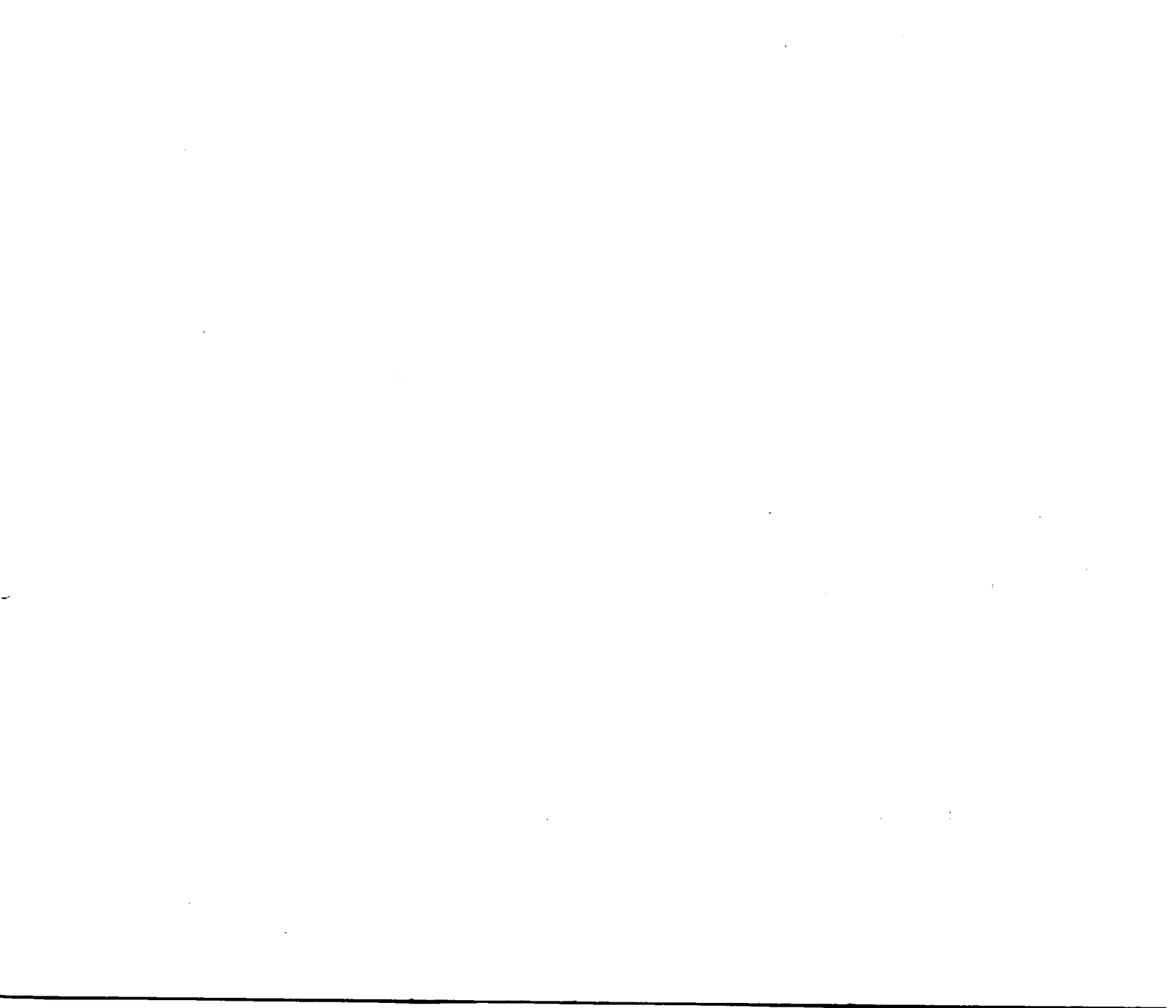


RECEIVED
CERTIFICATE OF STILLBIRTH
JAN 30 1958
State of Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

009

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Benewah</u>	
b. CITY OR TOWN <u>Moscow</u>		c. CITY OR TOWN <u>Sanders</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gritman Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Sanders, Idaho</u>	
3. CHILD'S NAME (Type or Print) <u>Tonie Weatherford</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan. 6, 1958</u>
7. FATHER'S NAME a. (First) <u>Willis</u> b. (Middle) <u>Weatherford</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Palouse, Washington</u>	11a. USUAL OCCUPATION <u>Logger</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Logging</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Julia</u> b. (Middle) <u>Krieter</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>St. Maries, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1 Girl</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Willis Weatherford</u>			
18a. LENGTH OF PREGNANCY <u>16</u> WEEKS	18b. WEIGHT AT BIRTH - LBS. <u>12</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>	
		20b. MATERNAL CAUSES <u>Unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Around 4 months pregnant</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>8:35 A. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>E. J. Clarrin MD</u>	
23b. DATE SIGNED <u>Jan. 10, 1958</u>		23c. ATTENDANT'S ADDRESS <u>Box 402, Moscow, Ida.</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Donald Ward</u>		TITLE <u>Moscow, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>1-8-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Golden Rod Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Tekoa, Washington</u>
DATE REC'D BY LOCAL REG. <u>1/15/58</u>	REGISTRAR'S SIGNATURE <u>Leis E. Skag</u>	26. FUNERAL DIRECTOR'S ADDRESS <u>Moscow, Idaho</u>	



RECEIVED
CERTIFICATE OF STANDARD BIRTH
State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Madison b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rexburg c. FULL NAME OF HOSPITAL OR INSTITUTION Madison Memorial		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Madison c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rexburg d. STREET ADDRESS (If rural, give location) Rt. 2	
3. CHILD'S NAME (Type or Print) Baby Smith			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 5, 1958
7. FATHER'S NAME a. (First) Lyman b. (Middle) c. (Last) Smith		8. COLOR OR RACE Cau.	
9. AGE (At time of this birth) 52 YEARS	10. BIRTHPLACE (State or foreign country) Lyman, Idaho	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Ruth b. (Middle) Dawn c. (Last) Westover		13. COLOR OR RACE Cau.	
14. AGE (At time of this birth) 37 YEARS	15. BIRTHPLACE (State or foreign country) Rexburg, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Deana Gallinger			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 6 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 6-28-57	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Pre eclampsia	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:30 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Blair D. Berry	
23b. DATE SIGNED 1-7-58		23c. ATTENDANT'S ADDRESS Rexburg, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL Deana Gallinger		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 1/6/58	25c. NAME OF CEMETERY OR CREMATORY Sutton	25d. LOCATION (City, town, or county) (State) Archer Madison Idaho
DATE REC'D BY LOCAL REG 1-7-58	REGISTRAR'S SIGNATURE Lyona Hamm	26. FUNERAL DIRECTOR Deana Hamm	ADDRESS Rexburg, Idaho

RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

EB 3 1958

State of Idaho

State File No. 011
Local Reg. No. 14
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH (Division of Vital Statistics) a. COUNTY NezPerce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Idaho	
b. CITY OR TOWN Lewiston,		c. CITY OR TOWN 3339---14 St.	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph		d. STREET ADDRESS (If rural, give location) Lewiston,	
3. CHILD'S NAME (Type or Print) DAVID WAYNE PETERSON			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) January 20, 1958
7. FATHER'S NAME a. (First) Virley b. (Middle) J. c. (Last) Peterson		8. COLOR OR RACE white	
9. AGE (At time of this birth) 43 YEARS	10. BIRTHPLACE (State or foreign country) Saskatchewan, Canada	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Marjorie b. (Middle) Ruth c. (Last) Hollingsworth		13. COLOR OR RACE white	
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Riverside, Calif.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 00 b. How many children were born alive but are now dead? 00 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 00	
17. INFORMANT Virley Peterson Lewiston, Idaho			
18a. LENGTH OF PREG. 34 1/2 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None Known	
		20b. MATERNAL CAUSES Diabetes mellitus.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Mild Hypertension		22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy + low forceps	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1/20/58 m.		23a. ATTENDANT'S SIGNATURE Raymond M. Stover, M.D. (Specify if M. D., midwife, or other) 23c. ATTENDANT'S ADDRESS LEWISTON, IDAHO	23b. DATE SIGNED 1/22/58 24. SIGNATURE OF AUTHORIZED OFFICIAL M.D.
25a. BURIAL CREMATION REMOVAL (Specify) Burial	25b. DATE 1-23-58	25c. NAME OF CEMETERY OR CREMATORY Normal Hill	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 1/29/58		REGISTRAR'S SIGNATURE Cara Kingen	26. FUNERAL DIRECTOR Brower-Wann by K.H. Mahan ADDRESS Lewiston,

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RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

JAN 23 1958

State of Idaho

State File No. **012**Local Reg. No. **027-013**Reg. Dist. No. **460**

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jerome	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerome Idaho	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Magic Valley Memorial		d. STREET ADDRESS (If rural, give location) 215 E Av G	
3. CHILD'S NAME (Type or Print) Ladonna Jean Clark			
4. SEX Female	5a. THIS BIRTH <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) January 14 1958
7. FATHER'S NAME a. (First) Verl b. (Middle) Clark c. (Last) Clark		8. COLOR OR RACE White	
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Janitor	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Vonnie b. (Middle) Louise c. (Last) Clark		13. COLOR OR RACE White	
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? none b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT * Verl Dean Clark			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 13 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES Funicular pelvis with low lying placenta; obstruction of fetal blood supply	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY Caesarian section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:22 a.m.		23a. ATTENDANT'S SIGNATURE [Signature] (Specify if M. D., midwife, or other)	
23c. ATTENDANT'S ADDRESS Shoshone Idaho		23b. DATE SIGNED 1-15-58	
23d. If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jan 16, 1958	25c. NAME OF CEMETERY OR CREMATORY Hagerman	25d. LOCATION (City, town, or county) (State) Hagerman Idaho
DATE REC'D BY LOCAL REG. Jan 15, 1958		26. FUNERAL DIRECTOR JR Wiley ADDRESS Jerome Idaho	

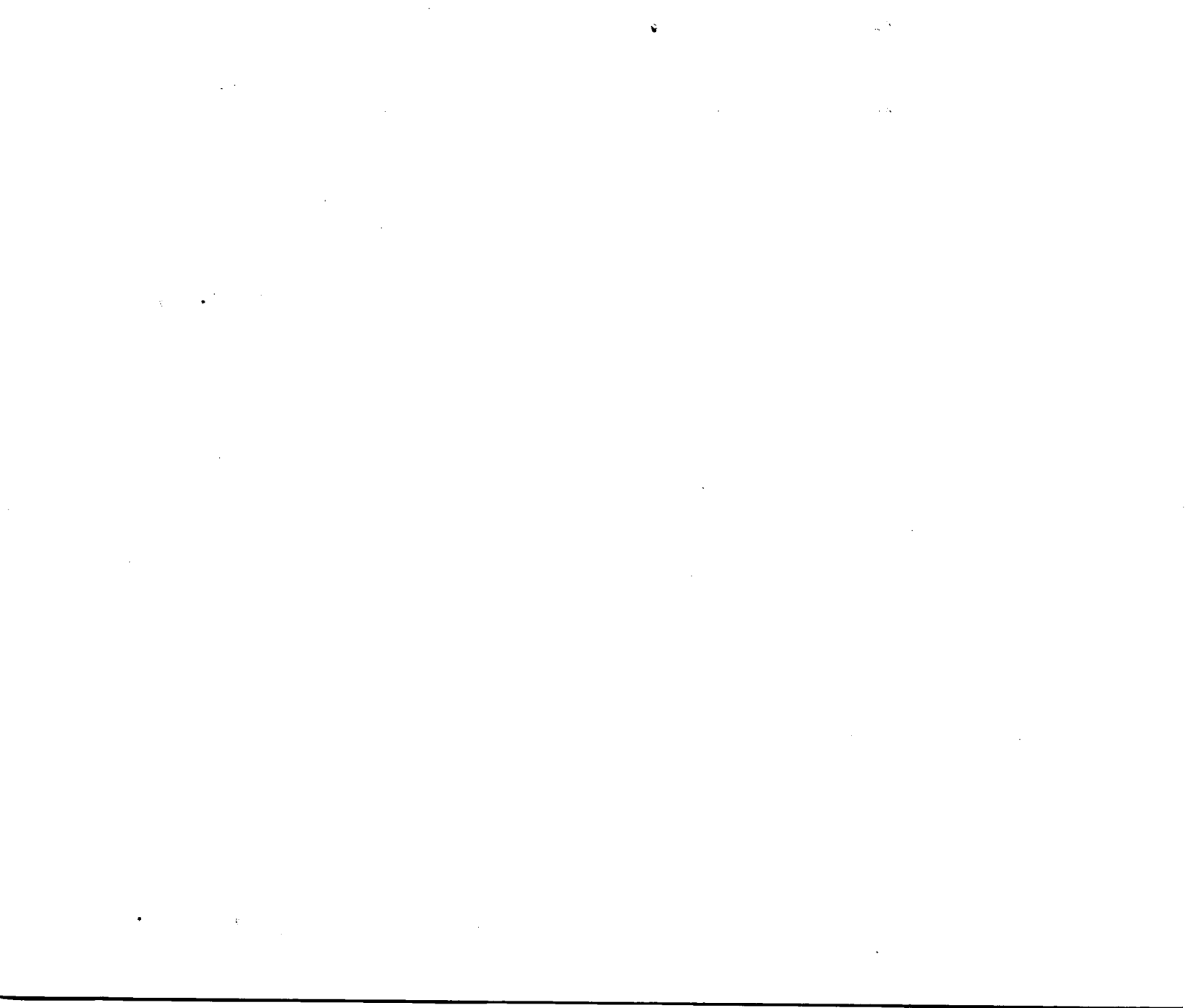
RECEIVED
CERTIFICATE OF STILLBIRTH

MAR 11 1958

State of Idaho

State File No. **013**Local Reg. No. **68**Reg. Dist. No. **370**

1. PLACE OF STILLBIRTH a. COUNTY Bureau of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Booth Memorial Hospital		d. STREET ADDRESS (If rural, give location) State School	
3. CHILD'S NAME (Type or Print) Baby Boy Frisk			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF (Month) (Day) (Year) STILLBIRTH Jan. 1, 1958
7. FATHER'S NAME a. (First) Unknown		b. (Middle) Unknown	
c. (Last) Unknown		8. COLOR OR RACE Unknown	
9. AGE (At time of this birth) Unknown YEARS	10. BIRTHPLACE (State or foreign country) Unknown	11a. USUAL OCCUPATION Unknown	11b. KIND OF BUSINESS OR INDUSTRY Unknown
12. MOTHER'S MAIDEN NAME a. (First) Charlotte		b. (Middle) Frisk	
c. (Last) Frisk		13. COLOR OR RACE White	
14. AGE (At time of this birth) 16 YEARS	15. BIRTHPLACE (State or foreign country) Rigby, Idaho		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None
17. INFORMANT Hospital Records			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Still birth-dead baby.	
		20b. MATERNAL CAUSES Pre-mature separation of placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Dr. B. B. B. B. B.	
23b. DATE SIGNED 1-24-58		23c. ATTENDANT'S ADDRESS Boise, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL R. Dale McMurtry		TITLE Summers Funeral Home, Boise, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 1/3/58	25c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 3-4-58		REGISTRAR'S SIGNATURE Myrtle Palmer	



RECEIVED
1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho
MAR 12 1958

State File No. 014
Local Reg. No. 70
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Bureau of Vital Statistics			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			d. STREET ADDRESS (If rural, give location) 1221 Colorado St.		
3. CHILD'S NAME (Type or Print) BABY BOY FIELD					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb. 18 1958		
7. FATHER'S NAME a. (First) DE WAYNE		b. (Middle)	c. (Last) FIELD	8. COLOR OR RACE Caucasian	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Nampa, Idaho	11a. USUAL OCCUPATION Boise Sanitation Co.		11b. KIND OF BUSINESS OR INDUSTRY Disposal	
12. MOTHER'S MAIDEN NAME a. (First) MARLENE		b. (Middle)	c. (Last) MOORE	13. COLOR OR RACE Caucasian	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Los Angeles, Calif.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT <i>De Wayne A. Field</i>					
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 8 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>not known</i>			
		20b. MATERNAL CAUSES <i>not known</i>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>			22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at L. 30000.		23a. ATTENDANT'S SIGNATURE <i>Max F. Hedman</i>		23b. DATE SIGNED 2-20-58	
		23c. ATTENDANT'S ADDRESS <i>Boise, Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Robert T. Decker</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 2/22/58	25c. NAME OF CEMETERY OR CREMATORY Cloverdale		25d. LOCATION (City, town, or county) (State) Boise, Idaho	
DATE REC'D BY LOCAL REG. 2-25-58	REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>		26. FUNERAL DIRECTOR <i>RELYEA MORTUARY</i> Boise, Idaho		

JUL 26 2016

PHS-797(VS)
4-48
FEDERAL BUREAU OF INVESTIGATION
PUBLIC HEALTH SERVICE

RECEIVED

FEB 28 1958

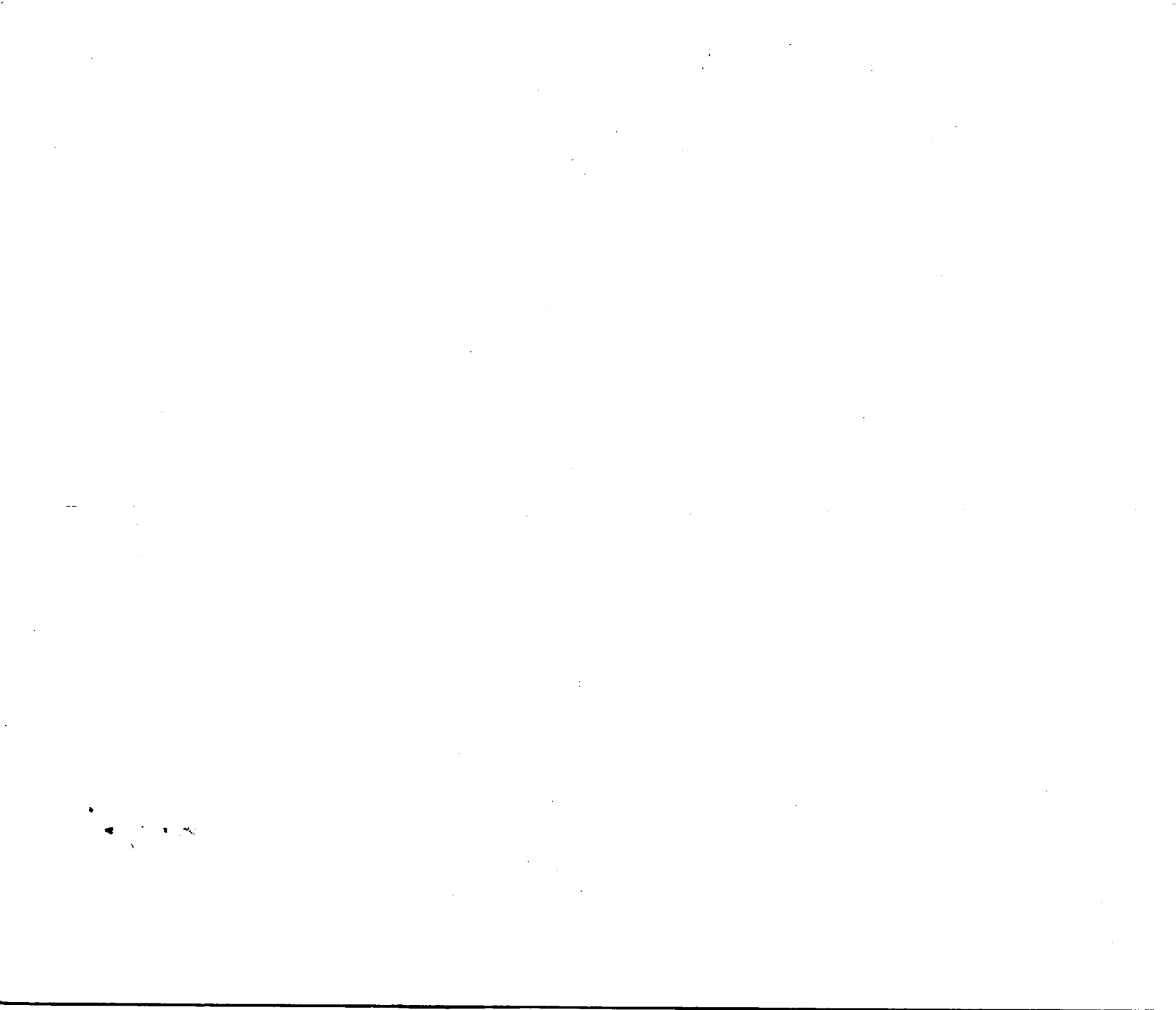
(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 015
Local Reg. No. 5
Reg. Dist. No. 410

1. PLACE OF STILLBIRTH a. COUNTY Blaine		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Blaine	
b. CITY OR TOWN Hailey, Idaho		c. CITY OR TOWN Hailey, Idaho		d. STREET ADDRESS Hailey, Idaho	
3. CHILD'S NAME (Type or Print) Baby Knight					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 23 1958		
7. FATHER'S NAME a. (First) Robert		b. (Middle) H.		c. (Last) Knight	
9. AGE (At time of this birth) 29 YEARS		10. BIRTHPLACE (State or foreign country) Hailey, Idaho		11a. USUAL OCCUPATION Construction	
12. MOTHER'S MAIDEN NAME a. (First) Louline		b. (Middle) C.		c. (Last) Drexler	
14. AGE (At time of this birth) 24 YEARS		15. BIRTHPLACE (State or foreign country) Buhl, Idaho		13. COLOR OR RACE White	
17. INFORMANT Robert H. Knight		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3		b. How many children were born alive but are now dead? none	
18a. LENGTH OF PREGNANCY 42 WEEKS		18b. WEIGHT AT BIRTH 7 LBS. 6 OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Premature Separation of Placenta with Hemorrhage		20. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Nothing		22. STATE ALL OPERATIONS FOR DELIVERY Cesarian Section			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8 p.m.		23a. ATTENDANT'S SIGNATURE [Signature]		23b. DATE SIGNED 2/23/58	
23c. ATTENDANT'S ADDRESS Hailey, Idaho		IF NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature]	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Jan. 23-58		25c. NAME OF CEMETERY OR CREMATORY Hailey cemetery	
25d. LOCATION (City, town, or county) Hailey		25e. (State) Idaho		26. FUNERAL DIRECTOR Ray Mc Goldrick	
DATE REC'D BY LOCAL REG. Feb. 25-58		REGISTRAR'S SIGNATURE Robert H. Wright - per [Signature]		ADDRESS Hailey	



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PHS-797(VS)

1-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

MAR 11 1958

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

Bureau of Vital Statistics State of Idaho

State File No.

016

Local Reg. No.

Reg. Dist. No.

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1031 Ada Ave.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Tibbets</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan 27, 1958</u>
7. FATHER'S NAME a. (First) <u>Keith</u> b. (Middle) <u>Tibbets</u> c. (Last) <u>Tibbets</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rigby, Idaho</u>	11a. USUAL OCCUPATION <u>A.E. Technician</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME <u>Lucille</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>28</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Idaho Falls, Idaho</u>	
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
17. INFORMANT <u>Keith Tibbets Idaho Falls, Idaho</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Probable Cardio-circulatory abnormality & failure</u>	
		20b. MATERNAL CAUSES <u>None apparent</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated, above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Phyllis N. Leamed M.D.</u>	
23b. DATE SIGNED <u>2-10-58</u>		23c. ATTENDANT'S ADDRESS <u>Idaho Falls, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Leo A. Williams</u>		TITLE <u>Idaho Falls</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Jan. 28, '58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rosehill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls Idaho</u>
DATE REC'D BY LOCAL REG. <u>Feb. 24-1958</u>	REGISTRAR'S SIGNATURE <u>Anna Budgie</u>	26. FUNERAL DIRECTOR ADDRESS <u>Leo A. Williams Idaho Falls</u>	

RECEIVED (1948 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
FEB 17 1958 State of Idaho

State File No. 017
Local Reg. No. 30
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH <i>Division of Vital Statistics</i> a. COUNTY <u>Bonneville</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jefferson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rigby</u> d. STREET ADDRESS (If rural, give location) <u>1 mi. W. & 1 Mi. N.</u>	
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3. CHILD'S NAME (Type or Print) <u>JAMES HENRY OLSEN</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb. 4, 1958</u>

7. FATHER'S NAME a. (First) <u>Dale</u> b. (Middle) <u>LaVern</u> c. (Last) <u>Olsen</u>			8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rigby, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>

12. MOTHER'S MAIDEN NAME a. (First) <u>Loa Jean</u> b. (Middle) <u>Butler</u> c. (Last) <u>White</u>			13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) <u>31</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Spanish Fork, Utah.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 24 weeks pregnancy)? <u>0</u>	

17. INFORMANT <u>Dale L. Olsen</u>	18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>July 31, 1958</u>
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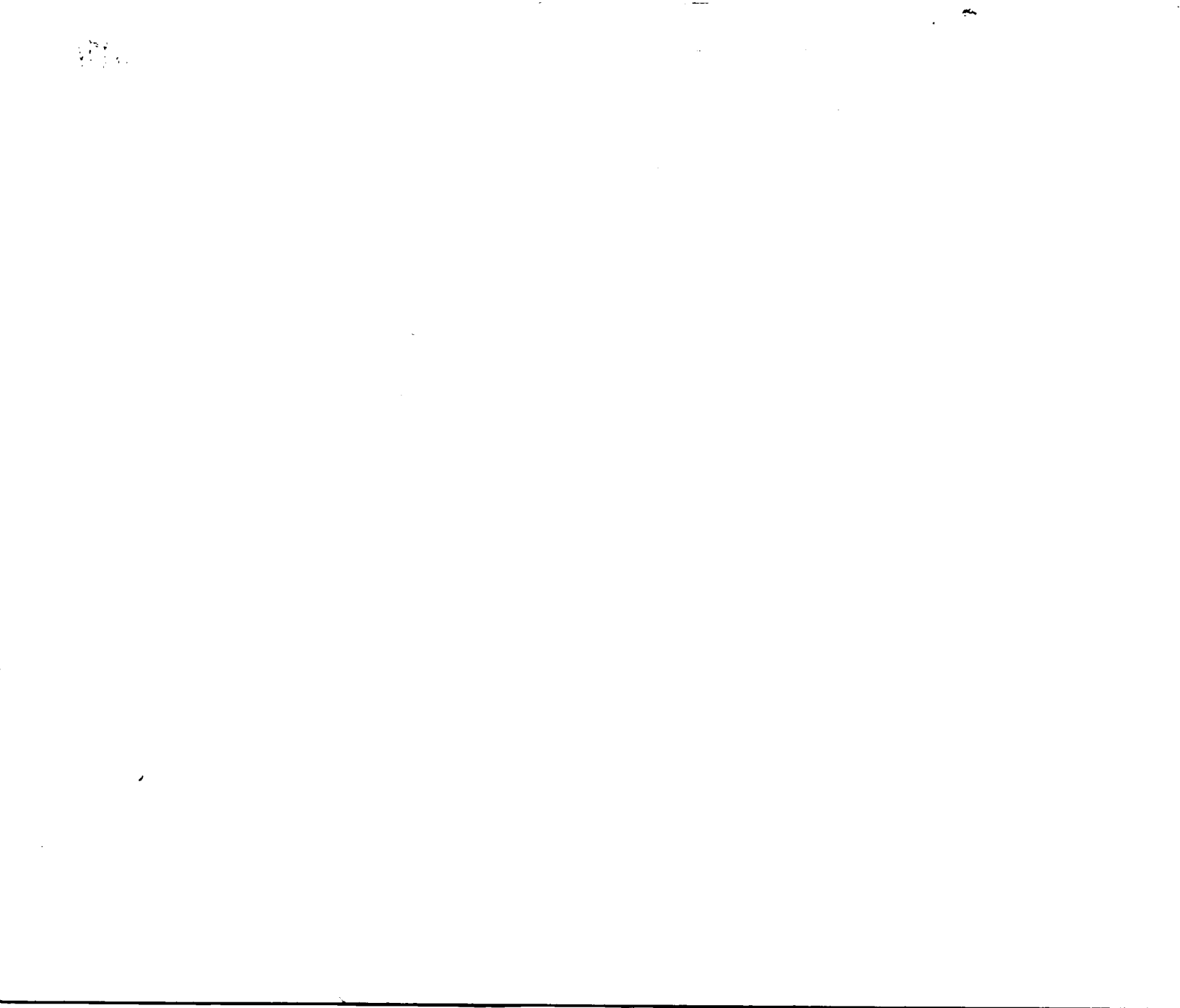
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES
	20b. MATERNAL CAUSES <u>Severe Diabetic. Hydramniosis</u>

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Diabetes, Hydramniosis</u>	22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>Milton T. Rees M.D.</u>	(Specify if M. D., midwife, or other)	23b. DATE SIGNED <u>2-7-58</u>
	23c. ATTENDANT'S ADDRESS <u>Idaho Falls, Ida</u>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Bruce A. Eberly</u>

25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Feb. 5, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Pioneer Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Rigby Jefferson Idaho.</u>
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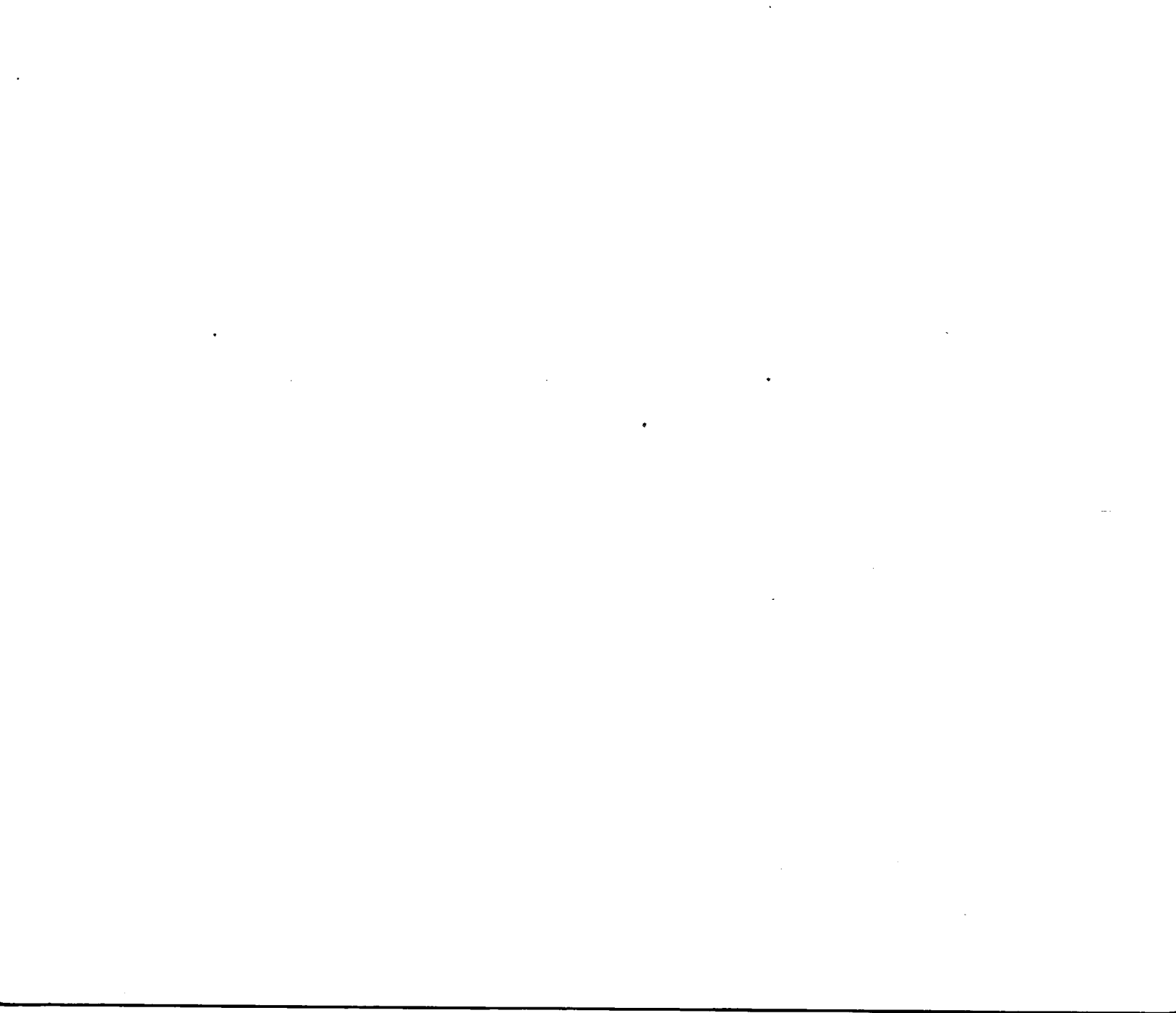
DATE REC'D BY LOCAL REG. <u>Feb. 11-1958</u>	REGISTRAR'S SIGNATURE <u>Laura Budger</u>	26. FUNERAL DIRECTOR <u>Bruce A. Eberly</u>	ADDRESS <u>Rigby, Idaho.</u>
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(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
FEB 17 1958 **State of Idaho**

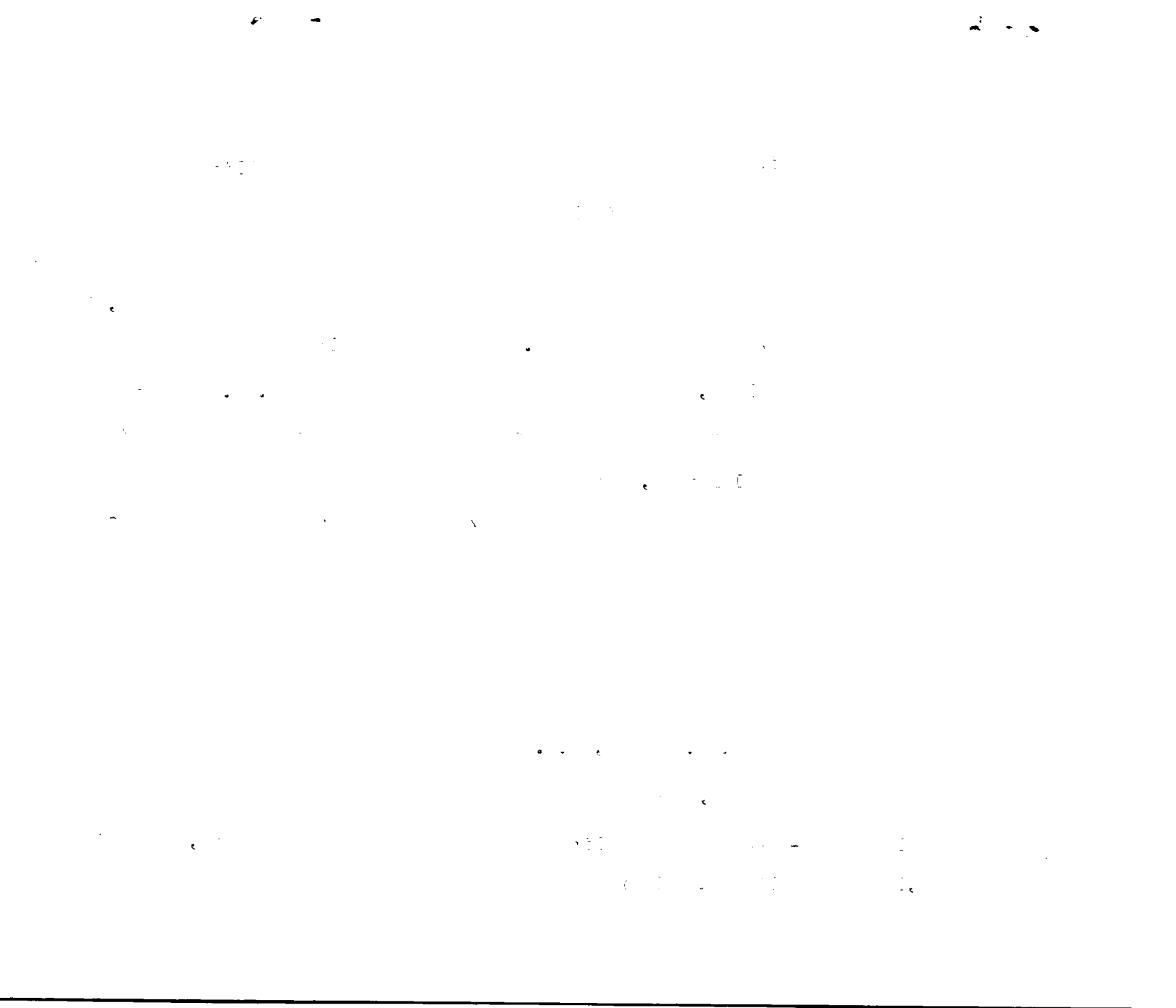
State File No. 018
 Local Reg. No. 20
 Reg. Dist. No. 210

1. PLACE OF STILLBIRTH a. COUNTY <u>Clearwater</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Nez Perce</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Orofino</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lapwai</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Clearwater Valley Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>RUSSELL DEAN STANLEY</u>			
4. SEX <u>M.</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb. 12, 1958</u>
7. FATHER'S NAME a. (First) <u>J.</u> b. (Middle) <u>D.</u> c. (Last) <u>Stanley</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>38</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Gallatin, Mo.</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Irene</u> b. (Middle) <u>C.</u> c. (Last) <u>Buttrey</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>32</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Craigmont, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>x G. D. Stanley</u>			
18a. LENGTH OF PREGNANCY <u>42</u> WEEKS	18b. WEIGHT AT BIRTH <u>not weighed</u> LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>1-16-58</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Cause unknown Placenta had been sent in for section</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2:20</u> p. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>A. B. Pappenhagen M.D.</u>	
23b. DATE SIGNED <u>2-13-58</u>		23c. ATTENDANT'S ADDRESS <u>Orofino Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>M. E. Gilbert</u>		TITLE <u>Gilbert's Funeral Chapel</u>	
25a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>2-14-1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Orofino Idaho</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Feb. 14, 1958</u>		26. FUNERAL DIRECTOR <u>M. E. Gilbert</u> <u>Gilbert's Funeral Chapel</u>	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of IdahoState File No. **019**
Local Reg. No. **543**
Reg. Dist. No. **680**

1. PLACE OF STILLBIRTH a. COUNTY Custer		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Custer		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Challis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Challis		
c. FULL NAME OF HOSPITAL OR INSTITUTION Custer Memorial Hospital		d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print)				
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 9, 1958	
7. FATHER'S NAME a. (First) John b. (Middle) C. c. (Last) Steele		8. COLOR OR RACE White		
9. AGE (At time of this birth) 42 YEARS	10. BIRTHPLACE (State or foreign country) Salmon, Idaho	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY U. S. Highway	
12. MOTHER'S MAIDEN NAME a. (First) Agnes b. (Middle) Waneta c. (Last) Adams		13. COLOR OR RACE White		
14. AGE (At time of this birth) 45 YEARS	15. BIRTHPLACE (State or foreign country) Taylorville, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0		
17. INFORMANT				
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) R. F. Barter, M.D.		23b. DATE SIGNED
		23c. ATTENDANT'S ADDRESS Challis, Idaho	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Challis, Idaho
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 2-11-58	25c. NAME OF CEMETERY OR CREMATORY Challis	25d. LOCATION (City, town, or county) (State) Challis, Idaho	
DATE REC'D BY LOCAL REG. Feb 17, 1958		REGISTRAR'S SIGNATURE Pauline J. Mulder		26. FUNERAL DIRECTOR ADDRESS



RECEIVED Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
MAR 5 1958 State of Idaho

State File No. 11 **020**
Local Reg. No. 340
Reg. Dist. No. 341

1. PLACE OF STILLBIRTH a. COUNTY <u>Gem</u> Bureau of Vital Statistics b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u> c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Mary Secor Hosp.</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gem</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u> d. STREET ADDRESS (If rural, give location) <u>Route 1</u>		
3. CHILD'S NAME (Type or Print) <u>Baby Thornock</u>					
4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb. 27, 1958</u>		
7. FATHER'S NAME a. (First) <u>Wayne</u> b. (Middle) <u>H.</u> c. (Last) <u>Thornock</u>		8. COLOR OR RACE <u>white</u>			
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Emmett, Idaho</u>	11a. USUAL OCCUPATION <u>farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Jeanette</u> b. (Middle) <u>Rich</u> c. (Last) <u>Rich</u>		13. COLOR OR RACE <u>white</u>			
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Sandy, Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>Wayne J. Thornock</u>					
18a. LENGTH OF PREGNANCY <u>24</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u> </u> OZS. <u> </u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u> </u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Not known</u>			
		20b. MATERNAL CAUSES <u>Not known</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6¹⁵</u> p. m.		23a. ATTENDANT'S SIGNATURE <u>Mrs. B. Jewell</u> (Specify if M. D., midwife, or other) <u>M.D.</u>		23b. DATE SIGNED <u>3-1-58</u>	
		23c. ATTENDANT'S ADDRESS <u>107 N. Comm, Emmett Id</u>	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Wayne J. Thornock</u> TITLE <u> </u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>Feb. 28, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Bramwell</u>	25d. LOCATION (City, town, or county) (State) <u>Gem County, Idaho</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 1, 1958</u>	REGISTRAR'S SIGNATURE <u>Jean B. Beatty</u>		26. FUNERAL DIRECTOR <u>Wayne J. Thornock</u> ADDRESS <u> </u>		

JUN 26 1980

RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

021

Local Reg. No.

Reg. Dist. No.

1. PLACE OF STILLBIRTH (Vital Statistics)

a. COUNTY

Nez Perce

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN
Lewistonc. FULL NAME OF
HOSPITAL OR
INSTITUTION
St Joseph Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Nez Perce

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN
Lewistond. STREET
ADDRESS
(If rural, give location)
912 - 9th Street

3. CHILD'S NAME

((Type or Print))

Ronald F. Carlon, Jr.

4. SEX

Male

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

Feb. 14

1958

7. FATHER'S NAME

a. (First)

Ronald

b. (Middle)

F.

c. (Last)

Carlon

8. COLOR OR RACE

White

9. AGE (At time of this birth)

24

YEARS

10. BIRTHPLACE (State or foreign country)

Spokane, Washington

11a. USUAL OCCUPATION

Police

11b. KIND OF BUSINESS OR INDUSTRY

City of Lewiston

12. MOTHER'S MAIDEN NAME

a. (First)

Mary

b. (Middle)

c. (Last)

Wilmore

13. COLOR OR RACE

White

14. AGE (At time of this birth)

20

YEARS

15. BIRTHPLACE (State or foreign country)

Rexberg, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

None

b. How many children were born alive but are now dead?

None

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

None

17. INFORMANT

Son Carlon

18a. LENGTH OF PREGNANCY

40

WEEKS

18b. WEIGHT AT BIRTH

7

LBS. 9 OZS.

19. Was a standard serological test for syphilis performed? Yes. ☒ No.

Approximate date

September, 1957

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:29 P.m.

23a. ATTENDANT'S SIGNATURE

(Specify if M.D., midwife, or other)

23b. DATE SIGNED

2/17/58

23c. ATTENDANT'S ADDRESS

Lewiston, Idaho.

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

2-17-58

25c. NAME OF CEMETERY OR CREMATOR

Normal Hill

25d. LOCATION (City, town, or county)

Lewiston, Idaho

(State)

DATE REC'D BY LOCAL REG.

2/17/58

REGISTRAR'S SIGNATURE

Cora Kinger

FUNERAL DIRECTOR

Brower-Wann Co.

ADDRESS

R-E. DeBarr

Lewiston, Idaho

JAN 15 1959

1. PLACE OF STILLBIRTH a. COUNTY Power b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN American Falls c. FULL NAME OF HOSPITAL OR INSTITUTION Schiltz Memorial Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sterling d. STREET ADDRESS (If rural, give location) Rural	
3. CHILD'S NAME (Type or Print) PAMELA JOHNSON			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 15, 1958
7. FATHER'S NAME a. (First) Lewis b. (Middle) D. c. (Last) Johnson		8. COLOR OR RACE White	
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) Rexburg, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farm
12. MOTHER'S MAIDEN NAME a. (First) Leah b. (Middle) c. (Last) Baumgartner		13. COLOR OR RACE White	
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Rexburg, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Lewis D Johnson			
18a. LENGTH OF PREGNANCY 34 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 10-10-57	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Toxemia of Pregnancy		20a. FETAL CAUSES Toxemia of Pregnancy	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Toxemia of Pregnancy		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:00 a. m.		23a. ATTENDANT'S SIGNATURE D. Henry Rock, M.D. 23c. ATTENDANT'S ADDRESS American Falls, Idaho	23b. DATE SIGNED 2-17-58 24. SIGNATURE OF AUTHORIZED OFFICIAL H. J. Davis TITLE Am. Falls, Idaho
25a. BURIAL, CREMATION, REMOVAL (Specify) Rem & Burial	25b. DATE 2-17-58	25c. NAME OF CEMETERY OR CREMATORY Aberdeen Cemetery	25d. LOCATION (City, town, or county) (State) Aberdeen, Idaho
DATE REC'D BY LOCAL REG. 2-17-58	REGISTRAR'S SIGNATURE L. J. Duncan	26. FUNERAL DIRECTOR H. J. Davis ADDRESS Am. Falls, Idaho	

MAR 10 1958

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 15

Reg. Dist. No. 142

023

1. PLACE OF STILLBIRTH *Department of Vital Statistics*

a. COUNTY

Shoshone

b. CITY (If outside corporate limits, write RURAL and give township)

OR
TOWN

Kellogg

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Wardner Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Shoshone

c. CITY (If outside corporate limits, write RURAL and give township)

OR
TOWN

Pinehurst

d. STREET
ADDRESS

Pinehurst, Idaho

3. CHILD'S NAME

((Type or Print))

Gary Mitchell Benzie

4. SEX

male

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐6. DATE OF (Month) (Day) (Year)
STILLBIRTH

February 20 1958

7. FATHER'S
NAME

a. (First)

John

b. (Middle)

F.

c. (Last)

Benzie

8. COLOR OR RACE

white

9. AGE (At time of this birth)

32

YEARS

10. BIRTHPLACE (State or foreign country)

Massachusetts

11a. USUAL OCCUPATION

Smelter work

11b. KIND OF BUSINESS OR INDUSTRY

Smelter

12. MOTHER'S
MAIDEN
NAME

a. (First)

Marie

b. (Middle)

c. (Last)

San Antonio

13. COLOR OR RACE

white

14. AGE (At time of this birth)

31

YEARS

15. BIRTHPLACE (State or foreign country)

Italy

17. INFORMANT

John L. Benzie

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many chil-
dren are now living?

2

b. How many children were
born alive but are now dead?

0

c. How many OTHER
children were stillborn
(born dead after 20 weeks
pregnancy)?

0

18a. LENGTH OF PREG-
NANCY
WEEKS

18b. WEIGHT AT BIRTH

LBS.

OZS.

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

CAUSE OF STILLBIRTH

State only morbid conditions
causing fetal death (do NOT
use such terms as Stillbirth,
Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Intrauterine death

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

None known today

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I
attended the birth of this
child who was born dead
on the date stated above
at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23b. DATE SIGNED

2-22-58

23c. ATTENDANT'S ADDRESS

If NOT
attended by
physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

25b. DATE

2/20/58

25c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

25d. LOCATION (City, town, or county)

Kellogg

(State)

Idaho

DATE REC'D BY LOCAL
REG.

2/28/58

REGISTRAR'S SIGNATURE

J. E. Quaine

26. FUNERAL DIRECTOR

Grant M. Glad

ADDRESS

RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 024
Local Reg. No. 12
Reg. Dist. No. 320

MAR 19 1958

1. PLACE OF STILLBIRTH a. COUNTY <u>Bureau of Vital Statistics</u> <u>Washington</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Wash.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Weiser</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Route #3 Weiser Idaho</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Weiser Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>Route #3 Weiser Idaho</u>	
3. CHILD'S NAME (Type or Print) <u>Terry W. HoFFer</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb. 18 1958</u>
7. FATHER'S NAME a. (First) <u>Everett</u> b. (Middle) <u>W</u> c. (Last) <u>HoFFer Jr.</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>31</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Boise Idaho</u>	
11a. USUAL OCCUPATION <u>Farming</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Marie</u> b. (Middle) <u>E.</u> c. (Last) <u>Storer</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>27</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Weiser Idaho</u>	
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u>		b. How many children were born alive but are now dead? <u>(None)</u>	
c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)?			
17. INFORMANT <u>Everett W HoFFer Jr.</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u> </u> Approximate date <u>9-10-57</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Premature separation Placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:32 P.m. Weiser Idaho</u>		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>M.S. McLaughlin M.D.</u>	
23b. DATE SIGNED <u>March 7 '58</u>		23c. ATTENDANT'S ADDRESS <u>Weiser Idaho</u>	
If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>F.B. Fishby</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>2-20-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Willcrest</u>
25d. LOCATION (City, town, or county) (State) <u>Weiser, Idaho</u>			
DATE REC'D BY LOCAL REG. <u>2-20-58</u>		REGISTERAR'S SIGNATURE <u>H. Allen Thompson</u>	
26. FUNERAL DIRECTOR <u>F.B. Fishby</u>		ADDRESS <u>Weiser Idaho</u>	

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

RECEIVED

(1969 Revision of Standard Certificate)

MAR 28 1958

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 025

Local Reg. No. 191

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> Bureau of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>1407 N. Curtis Rd.</u>	
3. CHILD'S NAME (Type or Print) <u>Kimberly Marie Bollinger</u>			
4. SEX <u>♀</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>3 . 22 . 58</u>
7. FATHER'S NAME a. (First) <u>Harold</u> b. (Middle) <u>Daniel</u> c. (Last) <u>Bollinger</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Montana</u>	11a. USUAL OCCUPATION <u>Truck driver</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>—</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Barbara</u> b. (Middle) <u>Jane</u> c. (Last) <u>Cain</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Scott Maguire Boise, Ida</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Congenital malformations, microcephaly.</u>	
		20b. MATERNAL CAUSES <u>0</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature rupture of membranes.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>0</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>H. H. Eversmink M.D.</u>	
23b. DATE SIGNED <u>3.22.58</u>		23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>U. E. Alden</u>		TITLE <u>Boise, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3/24/58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cloverdale</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>3-26-58</u>		REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	
26. FUNERAL DIRECTOR <u>U. E. Alden</u>		ADDRESS <u>Boise, Idaho</u>	
McBratney-Alden Chapel			

RECEIVED

CERTIFICATE OF STILLBIRTH

APR 10 1958

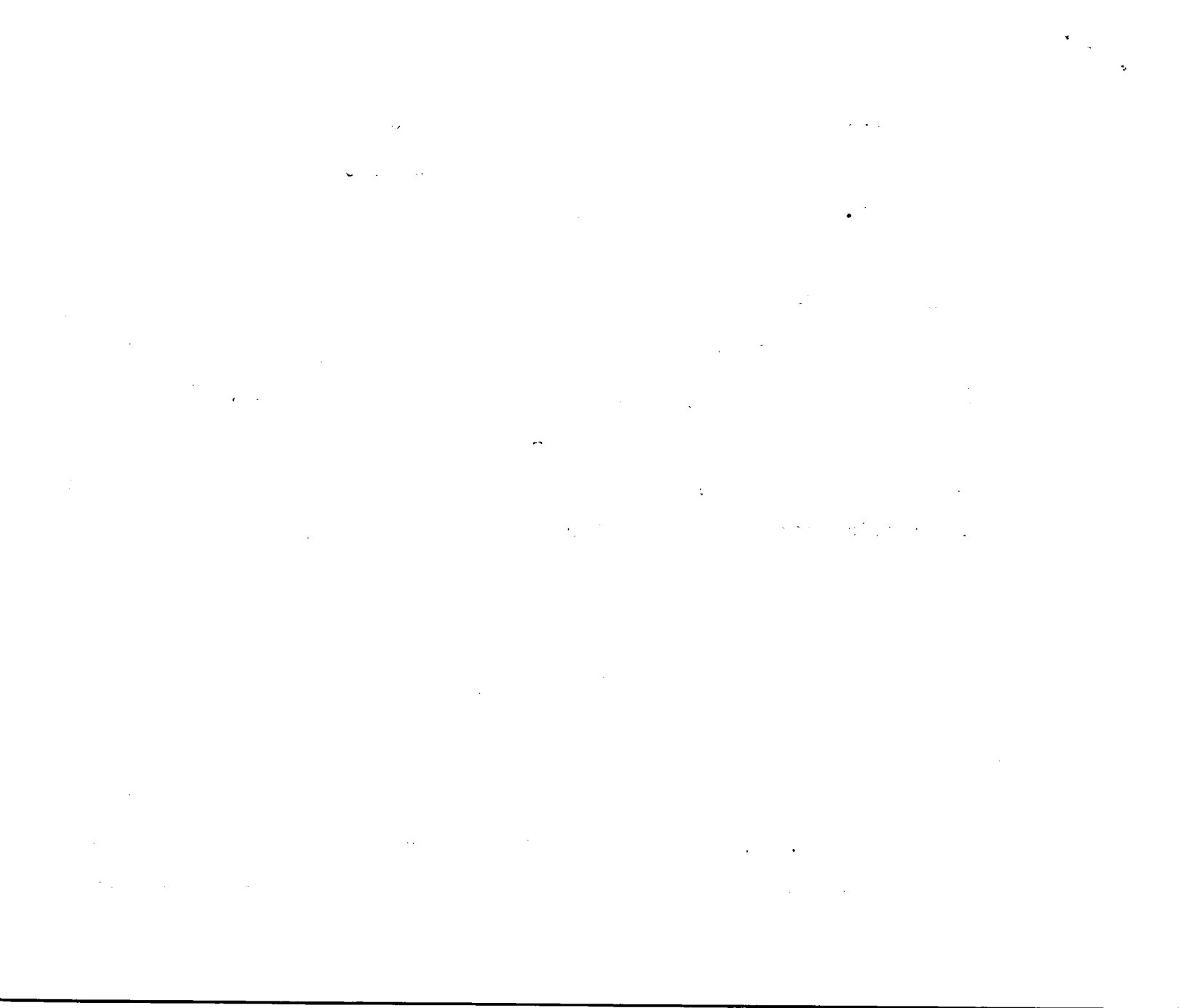
State of Idaho

State File No. 026

Local Reg. No. 519

Reg. Dist. No. 29

1. PLACE OF STILLBIRTH a. COUNTY Bannock Bureau of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 468 Richland	
3. CHILD'S NAME (Type or Print) Infant Nyman			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 20 58
7. FATHER'S NAME a. (First) Albert b. (Middle) Dale c. (Last) Nyman		8. COLOR OR RACE White	
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Pocatello, Idaho	11a. USUAL OCCUPATION Electrician	11b. KIND OF BUSINESS OR INDUSTRY C.L. Electric
12. MOTHER'S MAIDEN NAME a. (First) June b. (Middle) - c. (Last) Prestwich		13. COLOR OR RACE White	
14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) Henckley, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 2 (twins) c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT June Prestwich Nyman Mother			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Cyst of Umbilical Cord		20a. FETAL CAUSES Macerated fetus about 30 weeks	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) Ralph B. Hegsted M.D.	
23b. DATE SIGNED 2-22-58		24. SIGNATURE OF AUTHORIZED OFFICIAL John Henderson	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Feb. 22, 1958	
25c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery		25d. LOCATION (City, town, or county) (State) Pocatello Idaho	
DATE REC'D BY LOCAL APR 2 1958		REGISTRAR'S SIGNATURE Sigis A. Wright	
26. FUNERAL DIRECTOR John Henderson		ADDRESS Pocatello, Idaho	



RECEIVED

(1949 Revision of Standard Certificate)

MAR 18 1958

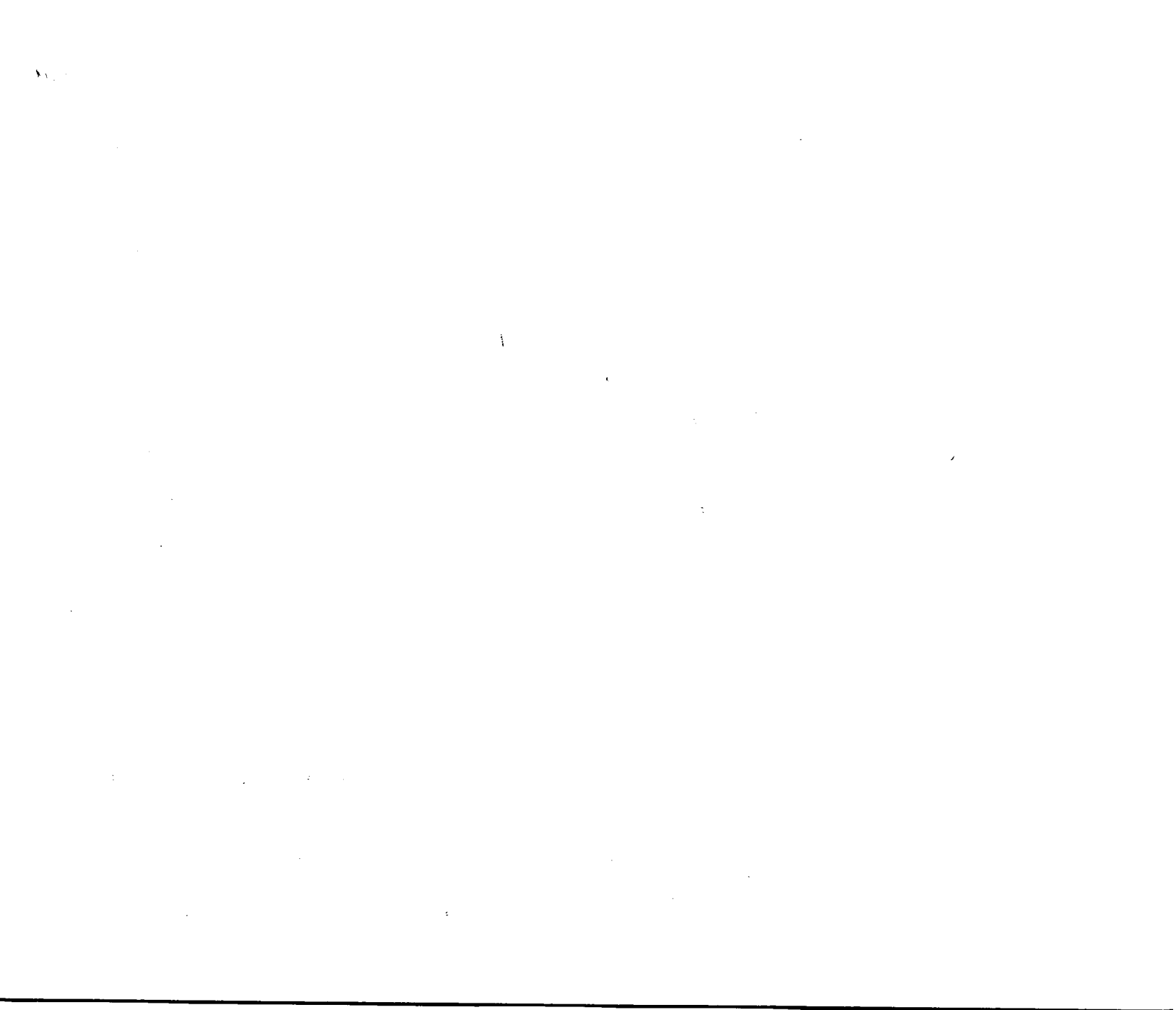
State of Idaho

State File No. 627

Local Reg. No. 28

Reg. Dist. No. 371

1. PLACE OF STILL BIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY OR TOWN Pocatello		c. CITY OR TOWN Moreland	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Mark Merrill Harris			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 9, 1958
7. FATHER'S NAME a. (First) Norman b. (Middle) D. c. (Last) Harris		8. COLOR OR RACE White	
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) Pocatello, Idaho	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Agriculture
12. MOTHER'S MAIDEN NAME a. (First) Dona b. (Middle) Lue c. (Last) Merrill		13. COLOR OR RACE White	
14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) Trenton, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Two b. How many children were born alive but are now dead? One c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? Two	
17. INFORMANT Norman D. Harris			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH 9 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None.	
		20b. MATERNAL CAUSES Disruptio Placentae.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Disruptio Placentae, Fetal presentation		22. STATE ALL OPERATIONS FOR DELIVERY Conversion to Vertex, Low Forceps Delivery	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 512 S. H. m.		23a. ATTENDANT'S SIGNATURE W. L. Olsen M.D.	23b. DATE SIGNED March 12, 1958
23a. ATTENDANT'S ADDRESS Pocatello, Idaho		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL John C. Sandberg
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE March 13, 1958	25c. NAME OF CEMETERY OR CREMATORY Moreland Cemetery	25d. LOCATION (City, town, or county) (State) Moreland, Idaho
DATE REC'D BY LOCAL MAR 12 1958	REGISTRAR'S SIGNATURE Carrie Albright	26. FUNERAL DIRECTOR John C. Sandberg	ADDRESS Blackfoot Idaho



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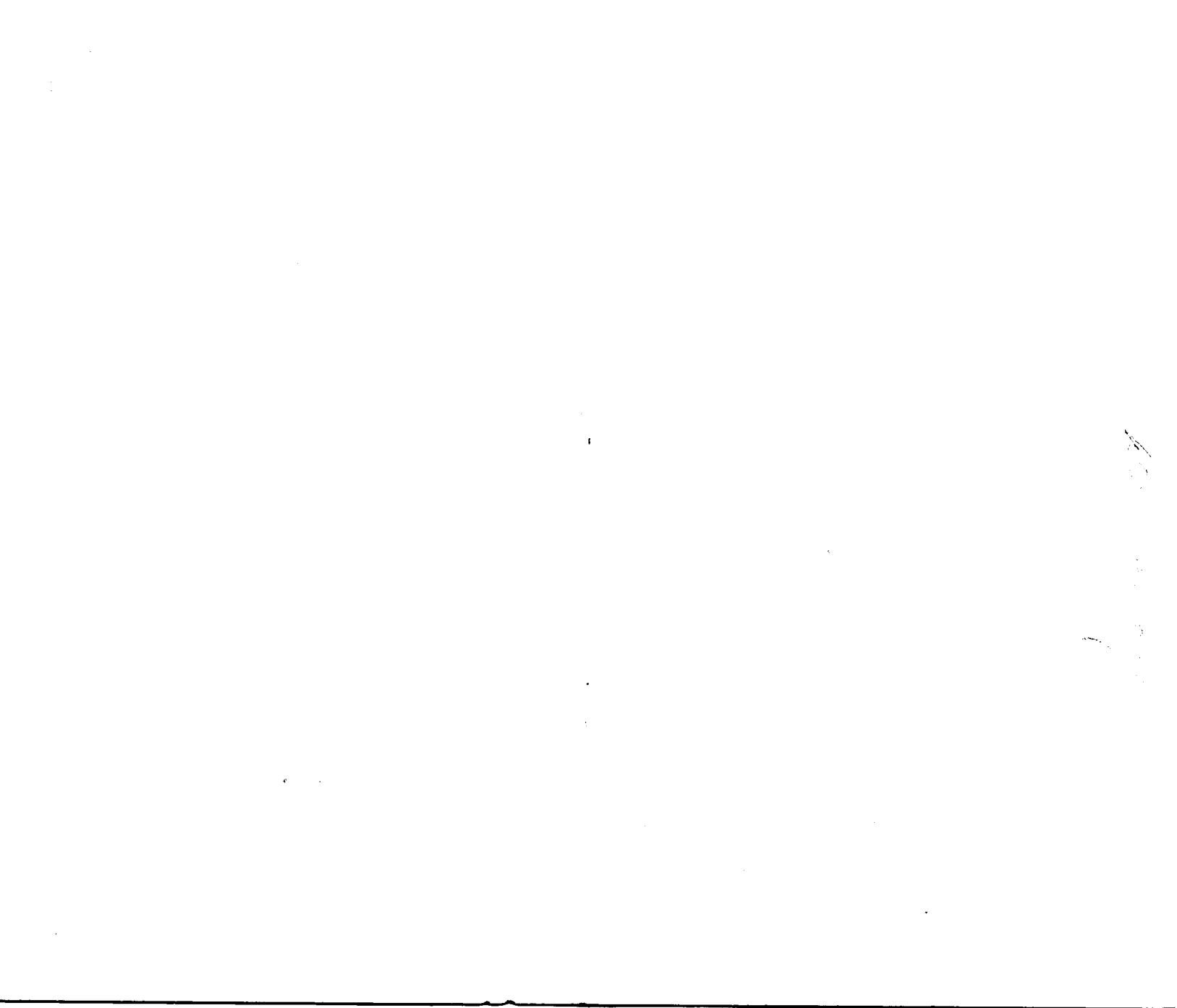
49 Revision of Standard Certificate)

APR 16 1958**CERTIFICATE OF STILLBIRTH**

State of Idaho

State File No. **028**Local Reg. No. **72**Reg. Dist. No. **616**

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sacred Heart Hospital		d. STREET ADDRESS (If rural, give location) 939 Paulson	
3. CHILD'S NAME (Type or Print) BABY CROSIER			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 27 1958
7. FATHER'S NAME a. (First) Robert		b. (Middle) Drysdale	c. (Last) Crosier
8. COLOR OR RACE White			
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Utah	11a. USUAL OCCUPATION Electrical Engineer	11b. KIND OF BUSINESS OR INDUSTRY Electrical Manufacturing
12. MOTHER'S MAIDEN NAME a. (First) Perley		b. (Middle) Louise	c. (Last) Pry
13. COLOR OR RACE White			
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Illinois	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Robert D. Crosier			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 6 OZS.	19. Was a standard serological test for syphilis performed? Yes... <input checked="" type="checkbox"/> No... <input type="checkbox"/> Approximate date 8/57	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Undetermined	
		20b. MATERNAL CAUSES Undetermined	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:35 A. m.		23a. ATTENDANT'S SIGNATURE Jack P. Carey (Specify if M. D., midwife, or other) M. D.	
23b. DATE SIGNED 3/22/58		23c. ATTENDANT'S ADDRESS Idaho Falls, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL Orland C. Buck		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE March 13, 1958	25c. NAME OF CEMETERY OR CREMATORY Pleasant Prairie Cemetery	25d. LOCATION (City, town, or county) (State) Spokane Washington
DATE REC'D BY LOCAL REG March 12 - 1958		26. FUNERAL DIRECTOR ADDRESS Idaho Falls, Idaho	



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Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
APR 16 1958 State of Idaho

State File No. 029
Local Reg. No. 62
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY Bonneville b. CITY OR TOWN Idaho Falls c. FULL NAME OF HOSPITAL OR INSTITUTION Sacred Heart Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville c. CITY OR TOWN Rural, Idaho Falls d. STREET ADDRESS Route # 1	
3. CHILD'S NAME (Type or Print) JESUS BILL			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 24 1958
7. FATHER'S NAME a. (First) Edward b. (Middle) T. c. (Last) Bill		8. COLOR OR RACE Mexican	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Texas	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Farm
12. MOTHER'S MAIDEN NAME a. (First) Carmen b. (Middle) (NMN) c. (Last) Ramos		13. COLOR OR RACE Mexican	
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Texas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 5 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 3	
17. INFORMANT Edward T. Bill, Idaho Falls, Idaho			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 6 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Neonatal (intrauterine) asphyxia. Cause unknown. 20b. MATERNAL CAUSES (Autopsy performed.)	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE [Signature] (Specify if M. D., midwife, or other) 23b. DATE SIGNED 3/26/58	
23c. ATTENDANT'S ADDRESS Idaho Falls Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE March 26, 1958	25c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	25d. LOCATION (City, town, or county) (State) Idaho Falls Idaho
DATE REC'D BY LOCAL REG. April 10-1958	REGISTRAR'S SIGNATURE [Signature]	26. FUNERAL DIRECTOR [Signature] ADDRESS Idaho Falls, Idaho	

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(1949 Revision of Standard Certificate)

APR 22 1958

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 030
Local Reg. No. 1
Reg. Dist. No. 3.2.2

1. PLACE OF STILLBIRTH (Name of Village, City, etc.) a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Nampa	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Samaritan Community Hospital		d. STREET ADDRESS (If rural, give location) Route 2	
3. CHILD'S NAME (Type or Print) (Baby girl) CHAVEZ			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 25, 1958
7. FATHER'S NAME a. (First) Frank b. (Middle) c. (Last) Chavez		8. COLOR OR RACE Mex.	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) Trinidad, Colorado	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) c. (Last) Marques		13. COLOR OR RACE White	
14. AGE (At time of this birth) 37 YEARS	15. BIRTHPLACE (State or foreign country) Colorado	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 10 b. How many children were born alive but are now dead? 10 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? --	
17. INFORMANT Frank Chavez			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown 20b. MATERNAL CAUSES Unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:50 P.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Henry C. Wesche M.D. 23c. ATTENDANT'S ADDRESS Nampa, Idaho	
23b. DATE SIGNED 3-27-58		24. SIGNATURE OF AUTHORIZED OFFICIAL John F. Alsip, Jr. TITLE A LSIP FUNERAL CHAPEL	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE March 27, 1958	25c. NAME OF CEMETERY OR CREMATORY Mt. Calvary	25d. LOCATION (City, town, or county) (State) Nampa, Idaho
DATE REC'D BY LOCAL REG. April 10, 1958		REGISTRAR'S SIGNATURE Mrs. Jane Steed	

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(Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

MAR 26 1958

State of Idaho

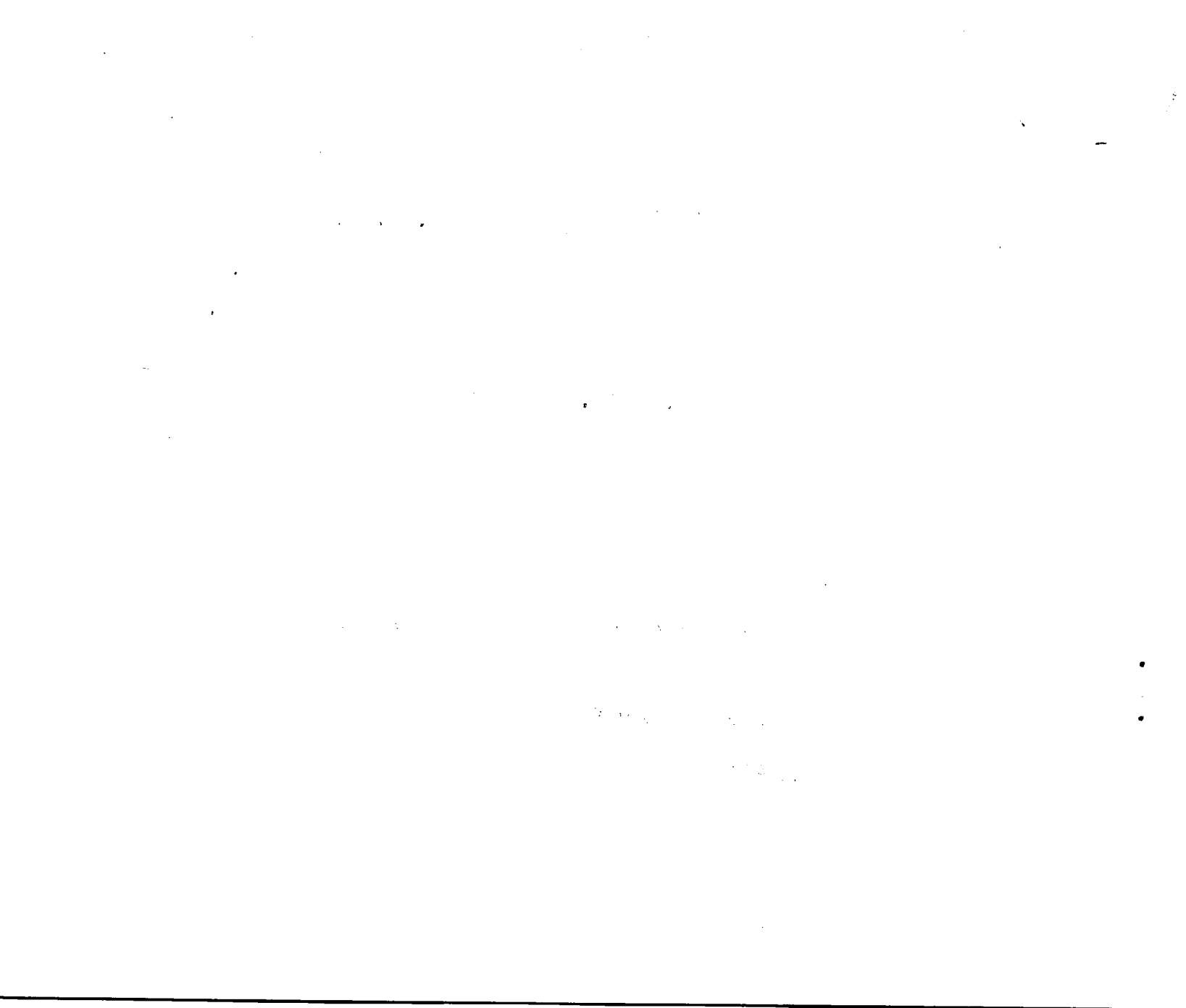
State File No.

Local Reg. No. 575

Reg. Dist. No. 470

031

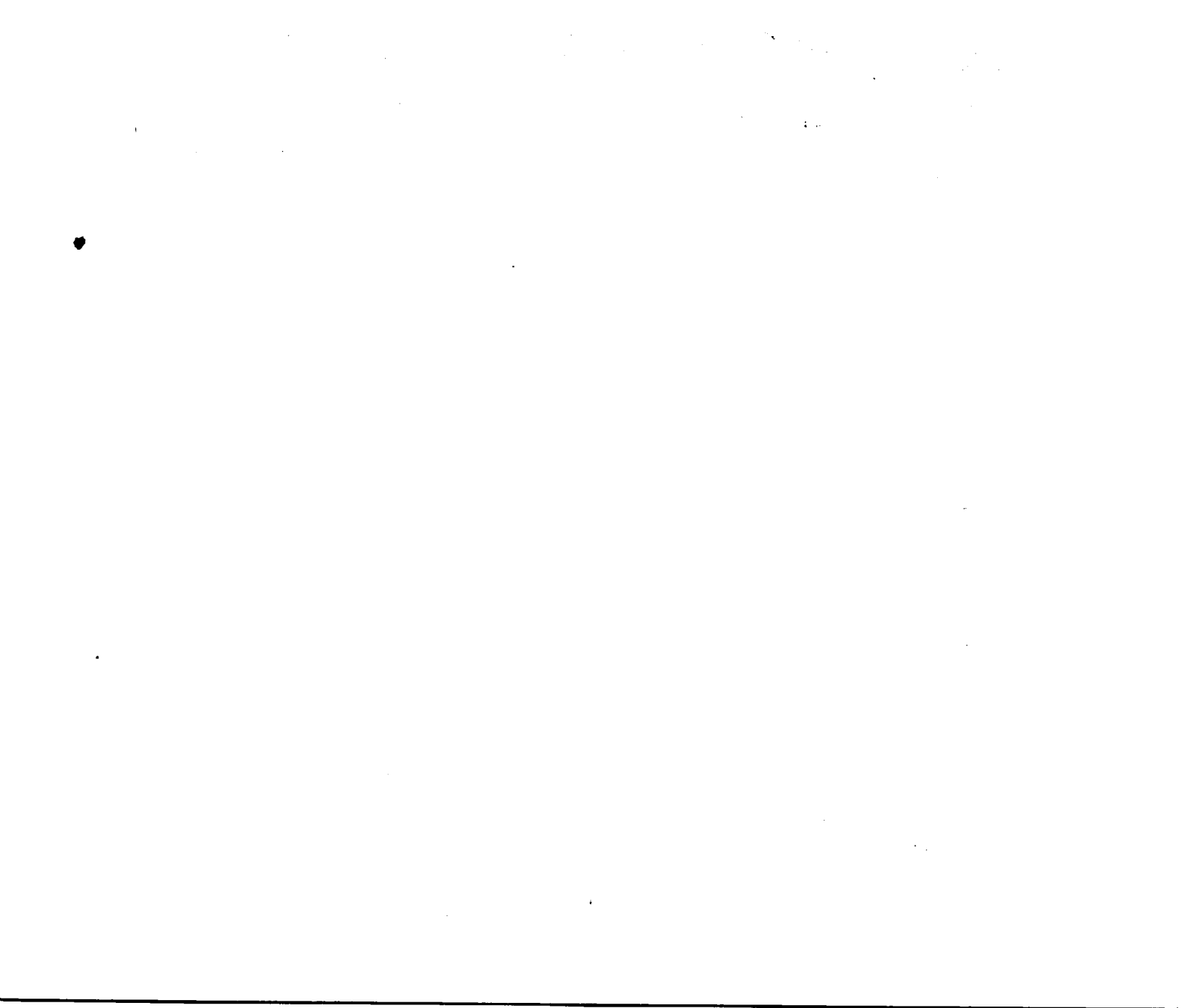
1. PLACE OF STILLBIRTH a. COUNTY Bureau of Vital Statistics Cassia			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Minidoka		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Paul		
c. FULL NAME OF HOSPITAL OR INSTITUTION Cottage Hospital			d. STREET ADDRESS (If rural, give location) R. F. D. # 1		
3. CHILD'S NAME (Type or Print) Rickey Dean Mueller					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb. 28, 1958	
7. FATHER'S NAME a. (First) Robert b. (Middle) Eugene c. (Last) Mueller		8. COLOR OR RACE White			
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Columbia Co., Wis.	11a. USUAL OCCUPATION Farming		11b. KIND OF BUSINESS OR INDUSTRY Agriculture	
12. MOTHER'S MAIDEN NAME a. (First) Ruth b. (Middle) Mildred c. (Last) Talbert		13. COLOR OR RACE White			
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Boise, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT Rickey E. Mueller					
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 3 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Placental			
		20b. MATERNAL CAUSES Extensive + had begun Burns on Mother & Resulting Miscarriage			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None			22. STATE ALL OPERATIONS FOR DELIVERY Miscarriage		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:30 A. m.		23a. ATTENDANT'S SIGNATURE [Signature]		23b. DATE SIGNED 3/25/58	
		23c. ATTENDANT'S ADDRESS [Address]		24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE 3/3/58	25c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery		25d. LOCATION (City, town, or county) (State) Heyburn, Idaho	
DATE REC'D BY LOCAL REG. 3-25-58	REGISTRAR'S SIGNATURE Doris Bunn		25. FUNERAL DIRECTOR [Signature]		ADDRESS Burley



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CERTIFICATE OF STILLBIRTH
MAR 24 1958
State of Idaho

State File No. 032
Local Reg. No. 509
Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY <u>Cassia</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Cottage Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Cassia</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u> d. STREET ADDRESS (If rural, give location) <u>215 East 21st, Street.</u>	
3. CHILD'S NAME (Type or Print) <u>Lloyd Earl Thornton.</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 9 1958</u>
7. FATHER'S NAME a. (First) <u>Lloyd</u> b. (Middle) <u>J.</u> c. (Last) <u>Thornton</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Twin Falls, Idaho</u>	11a. USUAL OCCUPATION <u>Construction Contractor</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mavis L.</u> b. (Middle) <u>Hagen</u> c. (Last) <u>Thornton</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Twin Falls Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Two</u> b. How many children were born alive but are now dead? <u>Two</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Lloyd J. Thornton</u>			
18a. LENGTH OF PREGNANCY <u>20</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u> </u> OZS. <u> </u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Jan 1958</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>none</u>	
		20b. MATERNAL CAUSES <u>Premature Separation of Placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>20.6</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3:00 A. m.</u>		23a. ATTENDANT'S SIGNATURE <u>R. J. Burton</u> (Specify if M. D., midwife, or other)	23b. DATE SIGNED <u>3/14/58</u>
23c. ATTENDANT'S ADDRESS <u>Burley Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u> </u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>March 10</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View,</u>	25d. LOCATION (City, town, or county) (State) <u>Burley Idaho</u>
DATE REC'D BY LOCAL REG. <u>3-20-58</u>		26. FUNERAL DIRECTOR <u>David Burton</u> ADDRESS <u>Wilton S. Payne</u> <u>Burley Idaho</u>	



RECEIVED 49 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
MAR 24 1958
State of Idaho

State File No. **033**
Local Reg. No. **6736 (6736)**
Reg. Dist. No. **4-2-2**

1. PLACE OF STILLBIRTH a. COUNTY Gooding		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Gooding	
b. CITY OR TOWN Gooding		c. CITY OR TOWN Gooding	
c. FULL NAME OF HOSPITAL OR INSTITUTION Gooding Memorial Hospital		d. STREET ADDRESS (If rural, give location) 606 Washington Street	
3. CHILD'S NAME (Type or Print) Mark Painter			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 12 1958
7. FATHER'S NAME a. (First) John b. (Middle) Rex c. (Last) Painter		8. COLOR OR RACE White	
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) Gooding, Idaho	11a. USUAL OCCUPATION Manager	11b. KIND OF BUSINESS OR INDUSTRY Hospital
12. MOTHER'S MAIDEN NAME a. (First) Molly b. (Middle) May c. (Last) McMahon		13. COLOR OR RACE White	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Jexome, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Robert S Meyer</i> Gooding, Idaho			
18a. LENGTH OF PREGNANCY 35 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 2 Oct 1957	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES Premature separation of the placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature separation of the placenta		22. STATE ALL OPERATIONS FOR DELIVERY Caesarian Section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 537 A m.		23a. ATTENDANT'S SIGNATURE <i>Robert S Meyer</i>	23b. DATE SIGNED 18 March 1958
23c. ATTENDANT'S ADDRESS Gooding, Idaho		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Robert S Meyer</i> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 3-14-1958	25c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	25d. LOCATION (City, town, or county) (State) Gooding Idaho.
DATE REC'D BY LOCAL REG. 3-20-58	REGISTRAR'S SIGNATURE <i>Robert S Meyer</i>	26. FUNERAL DIRECTOR Thompson Funeral Chapel Gooding, Idaho	ADDRESS C-424

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(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
MAR 25 1958 State of Idaho

State File No. 034
Local Reg. No. 6
Reg. Dist. No. 642

1. PLACE OF STILLBIRTH a. COUNTY <u>Jefferson</u> <i>Source of Vital Statistics</i>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jefferson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rigby</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Menan</u>		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rigby Maternity Hospital</u>			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) <u>BABY WADDELL</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb. 23, 1958</u>		
7. FATHER'S NAME a. (First) <u>Jack</u> b. (Middle) <u>LeRoy</u> c. (Last) <u>Waddell</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>20</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho Falls, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Verla</u> b. (Middle) <u>Ray</u> c. (Last) <u>Orame</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Thornton, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>Jack Waddell</u>					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Hydrocephalus</u>		20a. FETAL CAUSES <u>Hydrocephalus</u> 20b. MATERNAL CAUSES <u>none</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Charles Hall, M.D.</u>		23b. DATE SIGNED <u>2/24/58</u>	
		23c. ATTENDANT'S ADDRESS <u>Rigby, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Russell A. Eckersell</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>2/24/1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Little Butte Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Annis Jefferson Idaho</u>		
DATE REC'D BY LOCAL REG. <u>2/24/1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. A. B. Eckersell</u>	26. FUNERAL DIRECTOR ADDRESS <u>Russell A. Eckersell Rigby, Idaho.</u>			

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(1949 Revision of Standard Certificate)

State File No. 035
Local Reg. No. 579
Reg. Dist. No. 440

MAR 19 1958

CERTIFICATE OF STILLBIRTH

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY JEROME		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY JEROME	
b. CITY OR TOWN JEROME		c. CITY OR TOWN JEROME	
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. BENEDICT'S		d. STREET ADDRESS (If rural, give location) 235 EAST 6TH	
3. CHILD'S NAME (Type or Print) KENNETH DUANE PATHEAL			
4. SEX MALE	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) MARCH 4 1958
7. FATHER'S NAME a. (First) WAYNE b. (Middle) LESTER c. (Last) PATHEAL	8. COLOR OR RACE W		
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) IDAHO	11a. USUAL OCCUPATION LABORER	11b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION
12. MOTHER'S MAIDEN NAME a. (First) EDNA b. (Middle) PAULINE c. (Last) PATHEAL	13. COLOR OR RACE WHITE		
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) WYOMING	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Pauline Patheal			
18a. LENGTH OF PREGNANCY 19 WEEKS	18b. WEIGHT AT BIRTH LBS. 14 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown	
		20b. MATERNAL CAUSES Unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None - premature		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2 P. M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Ronald E. Gali M.D.	23b. DATE SIGNED 17 March 58
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Harvey V. Guippin TITLE Jerome Idaho
25a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	25b. DATE 3-4-58	25c. NAME OF CEMETERY OR CREMATORY JEROME CEMETERY	25d. LOCATION (City, town, or county) (State) JEROME IDAHO
DATE REC'D BY LOCAL REG. 3/8/58	REGISTRAR'S SIGNATURE Gynda Lowe	26. FUNERAL DIRECTOR ADDRESS Harvey V. Guippin	

RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
MAR 19 1958
State of Idaho

State File No. **036**
Local Reg. No. **600**
Reg. Dist. No. **440**

1. PLACE OF STILLBIRTH a. COUNTY JEROME Bureau of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY JEROME	
b. CITY OR TOWN JEROME (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN JEROME (If outside corporate limits, write RURAL and give township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. BENEDICT'S		d. STREET ADDRESS (If rural, give location) 235 EAST 6TH	
3. CHILD'S NAME (Type or Print) STEVEN WAYNE PATHEAL			
4. SEX MALE	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) MARCH 8 1958
7. FATHER'S NAME a. (First) WAYNE b. (Middle) LESTER c. (Last) PATHEAL		8. COLOR OR RACE WHITE	
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) IDAHO	11a. USUAL OCCUPATION LABORER	11b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION
12. MOTHER'S MAIDEN NAME a. (First) EDNA b. (Middle) PAULINE c. (Last) PATHEAL		13. COLOR OR RACE WHITE	
14. AGE (At time of this birth) 23 22 YEARS	15. BIRTHPLACE (State or foreign country) IDAHO Wyo.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Wayne Patheal			
18a. LENGTH OF PREGNANCY 19 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 3 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown	
		20b. MATERNAL CAUSES Unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None - premature		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3 p. m.		23a. ATTENDANT'S SIGNATURE Ronald E. Soli M.D. (Specify if M.D., midwife, or other)	
23b. DATE SIGNED 17 March 58		24. SIGNATURE OF AUTHORIZED OFFICIAL Harry V. L. Lippin TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) RURAL	25b. DATE MARCH - 58	25c. NAME OF CEMETERY OR CREMATORY JEROME CEMETERY	25d. LOCATION (City, town, or county) (State) JEROME IDAHO
DATE REC'D BY LOCAL REG. 3/8/58	REGISTRAR'S SIGNATURE Gynda Lowe	26. FUNERAL DIRECTOR Harry V. L. Lippin ADDRESS Jerome Idaho	

RECEIVED

(1949 Revision of Standard Certificate)

APR 1 1958 CERTIFICATE OF STILLBIRTH

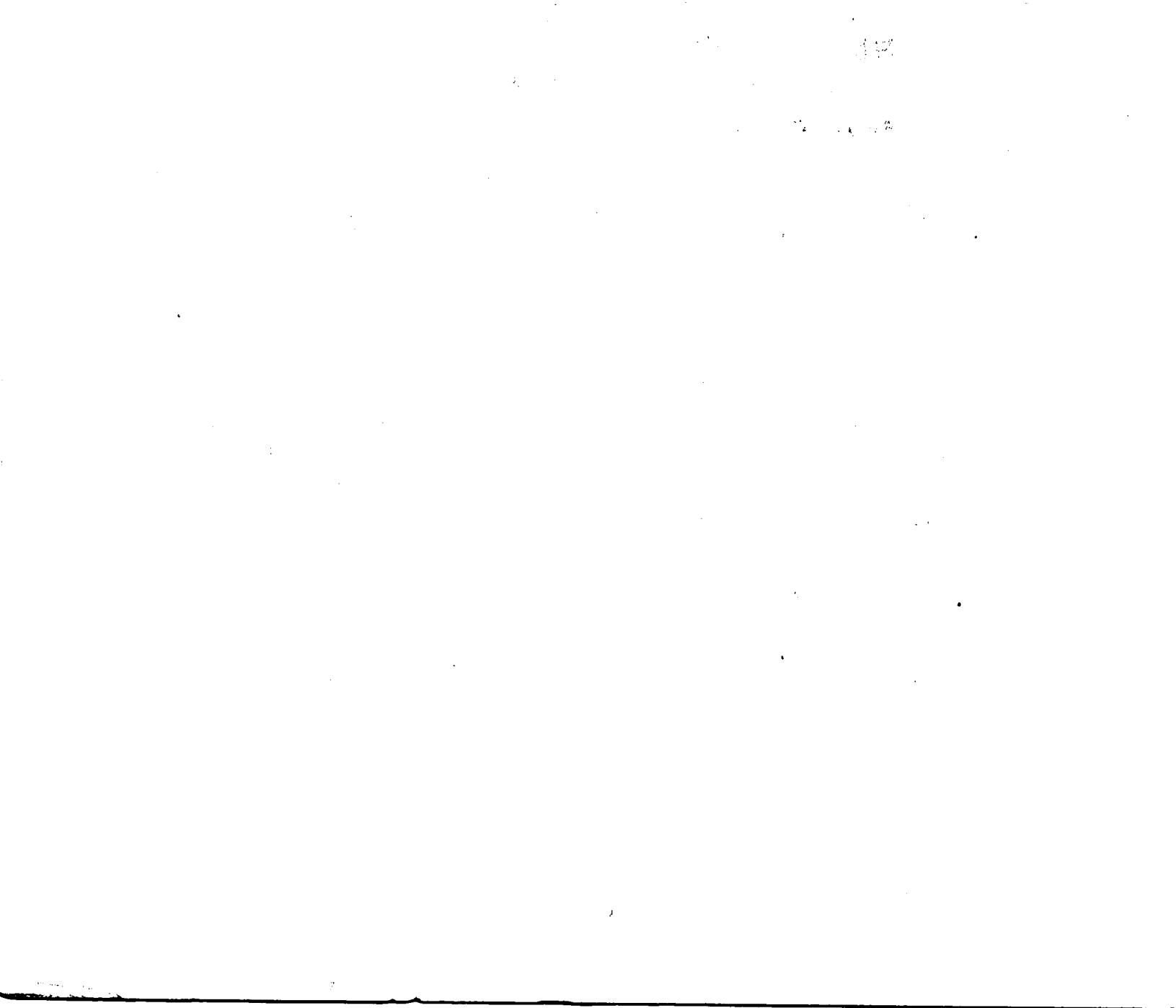
State of Idaho

State File No. 037

Local Reg. No. 47

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Nez Perce	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's		d. STREET ADDRESS (If rural, give location) 1132 Alder	
3. CHILD'S NAME (Type or Print) Jack Oscar Rugg			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 3-17-58
7. FATHER'S NAME a. (First) Billy b. (Middle) Rugg c. (Last) white		8. COLOR OR RACE white	
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) Peck, Idaho	11a. USUAL OCCUPATION Mill worker	11b. KIND OF BUSINESS OR INDUSTRY Lumber
12. MOTHER'S MAIDEN NAME a. (First) Anna b. (Middle) Wittman c. (Last) white		13. COLOR OR RACE white	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Southwick, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Billy Rugg			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No <input checked="" type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Prematurity	
		20b. MATERNAL CAUSES Partial Separation of Placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Maternal bleeding in 1st Trimester		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:55 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) Raymond M. Staver MD	
23b. DATE SIGNED March 20, 1958		24. SIGNATURE OF AUTHORIZED OFFICIAL U. Vassar	
25a. BURIAL, CREMATION, REMOVAL (Specify) burial		25b. DATE 3-18-58	
25c. NAME OF CEMETERY OR CREMATORY Normal Hill		25d. LOCATION (City, town, or county) (State) Lewiston, Idaho	
DATE REC'D BY LOCAL REG. 3/24/58		26. FUNERAL DIRECTOR ADDRESS Lewiston, Idaho	



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PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

APR 16 1958

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

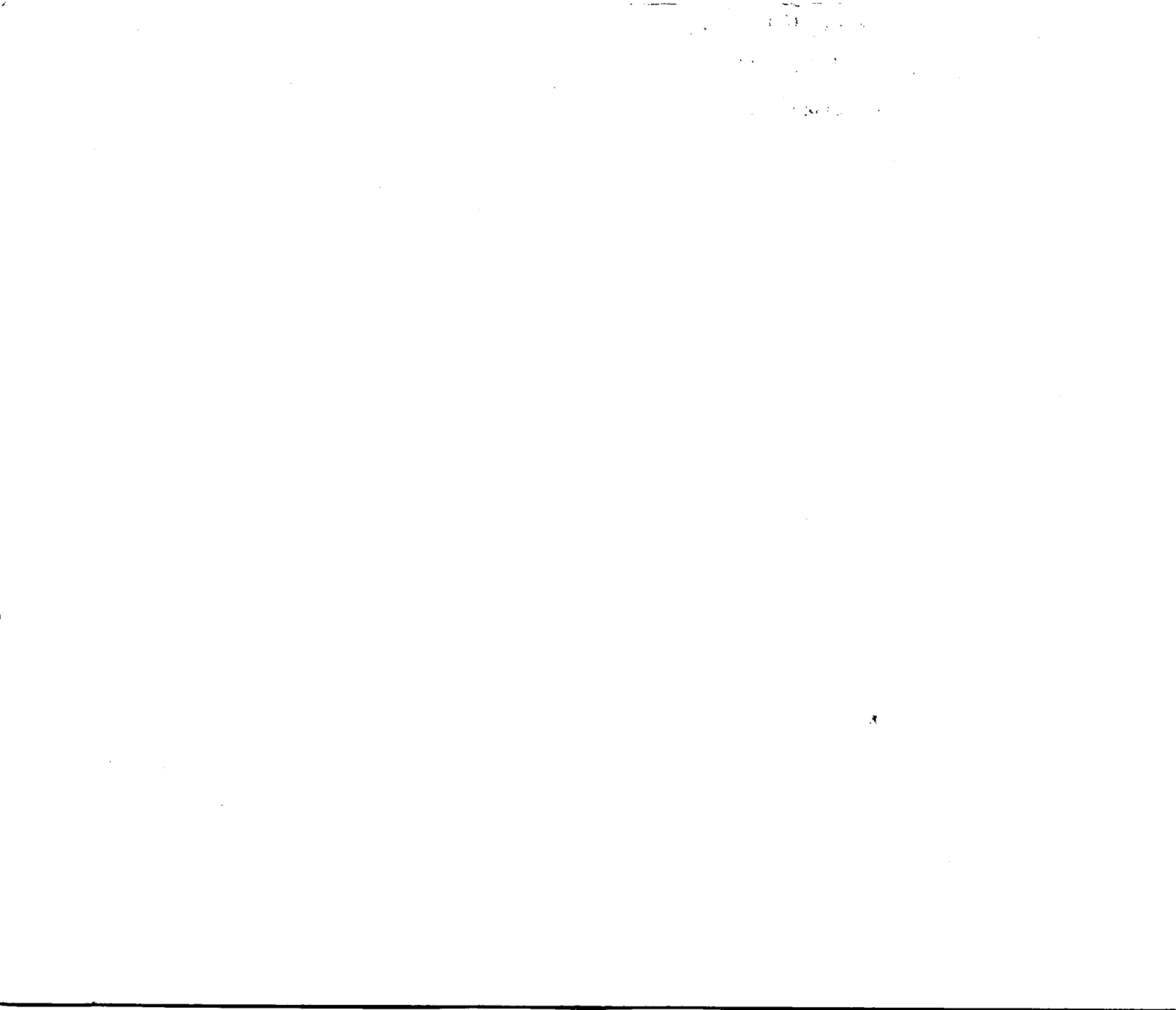
State File No. 038

Local Reg. No. 19

Reg. Dist. No. 320

Bureau of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weiser</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weiser</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1073 West 5th St.</u>	
3. CHILD'S NAME (Type or Print) <u>Terry Lee Bunker</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Mar. 30, 1958</u>
7. FATHER'S NAME a. (First) <u>Neil</u>		b. (Middle)	c. (Last) <u>Bunker</u>
		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>47</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Delta UTAH</u>	11a. USUAL OCCUPATION <u>Operating Engineer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Construction Work.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Ingram</u>	13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Clinton, Missouri</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>6</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Neil T. Bunker</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>12</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Jan. 9, 1958</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Placental Separation</u>		
	20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12146th. m.</u>		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u> (Specify if M. D., midwife, or other)	23b. DATE SIGNED <u>3/31/58</u>
23c. ATTENDANT'S ADDRESS <u>Weiser Idaho</u>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u> TITLE
25a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>April 1,</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	25d. LOCATION (City, town, or county) (State) <u>Weiser Idaho</u>
DATE REC'D BY LOCAL REG. <u>April 2, 1958</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	26. FUNERAL DIRECTOR <u>F. B. [Signature]</u> ADDRESS <u>Weiser Idaho</u>



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(1949 Revision of Standard Certificate)

APR 28 1958

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

039

Local Reg. No. 128

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH (Bureau of Vital Statistics) a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY OR TOWN <u>Boise</u>		c. CITY OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2015 S. Orchard Avenue</u>	
3. CHILD'S NAME (Type or Print) <u>TERI ANN MONTGOMERY</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 25, 1958</u>
7. FATHER'S NAME a. (First) <u>Dale</u> b. (Middle) <u>E.</u> c. (Last) <u>Montgomery</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>28</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Chéyenne, Wyoming</u>	11a. USUAL OCCUPATION <u>Tank Truck operator</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Texas Co.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Margaret</u> b. (Middle) <u>Joan</u> c. (Last) <u>Bean</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Hastings, Nebraska</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Dale E. Montgomery</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>13</u> OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Anencephalic</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3:30 p.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Harold Sudmuntz M.D.</u>	
23b. DATE SIGNED <u>3-27-58</u>		23c. ATTENDANT'S ADDRESS <u>Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Clyde E. Summers</u>		TITLE <u>SUMMERS FUNERAL HOME</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3/27/58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cloverdale Memorial Park</u>	
		25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>4-4-58</u>		26. FUNERAL DIRECTOR <u>Clyde E. Summers</u> ADDRESS <u>Boise, Idaho</u>	

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(1949 Revision of Standard Certificate)

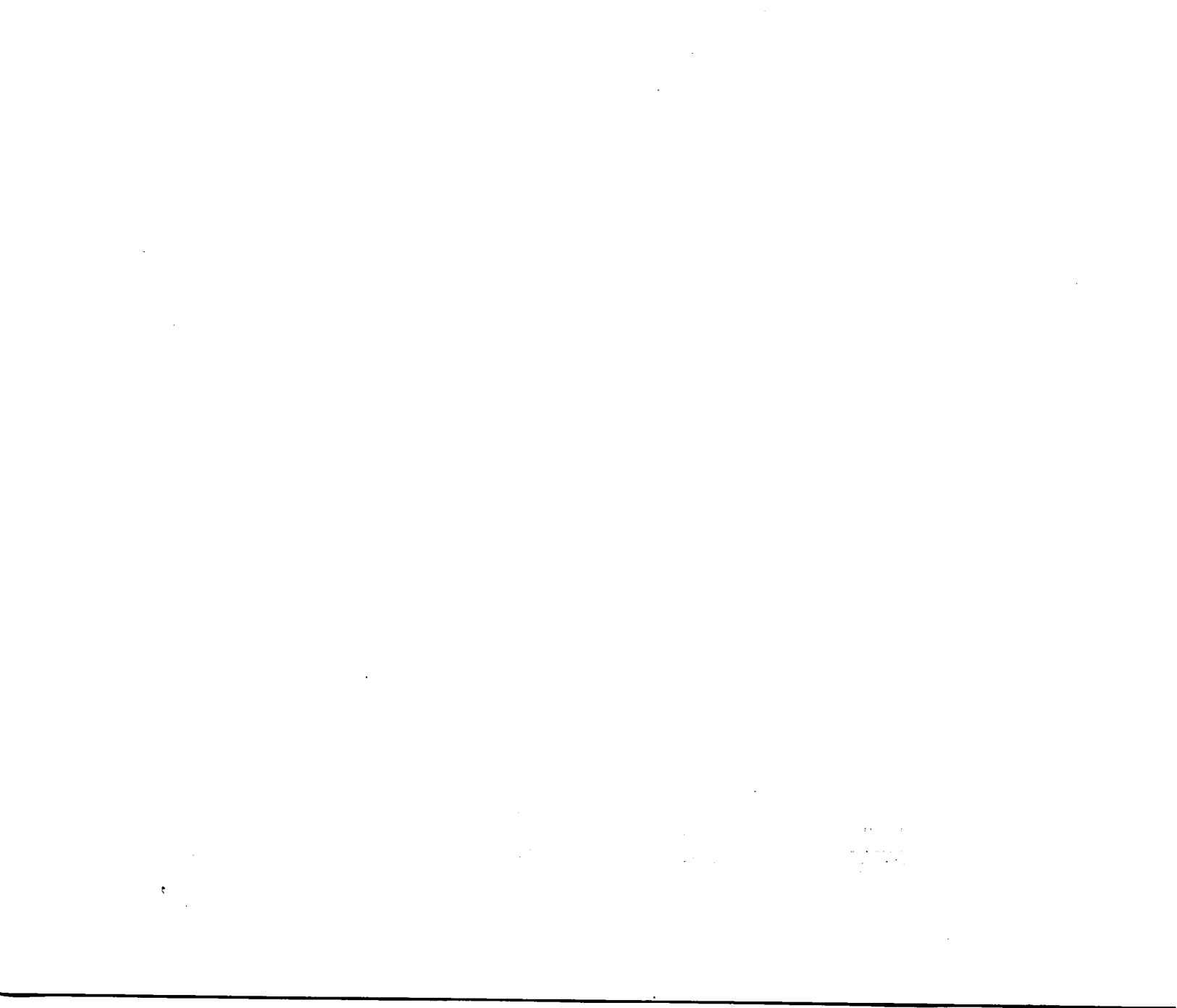
APR 28 1958

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 040
Local Reg. No. 129
Reg. Dist. No. 370

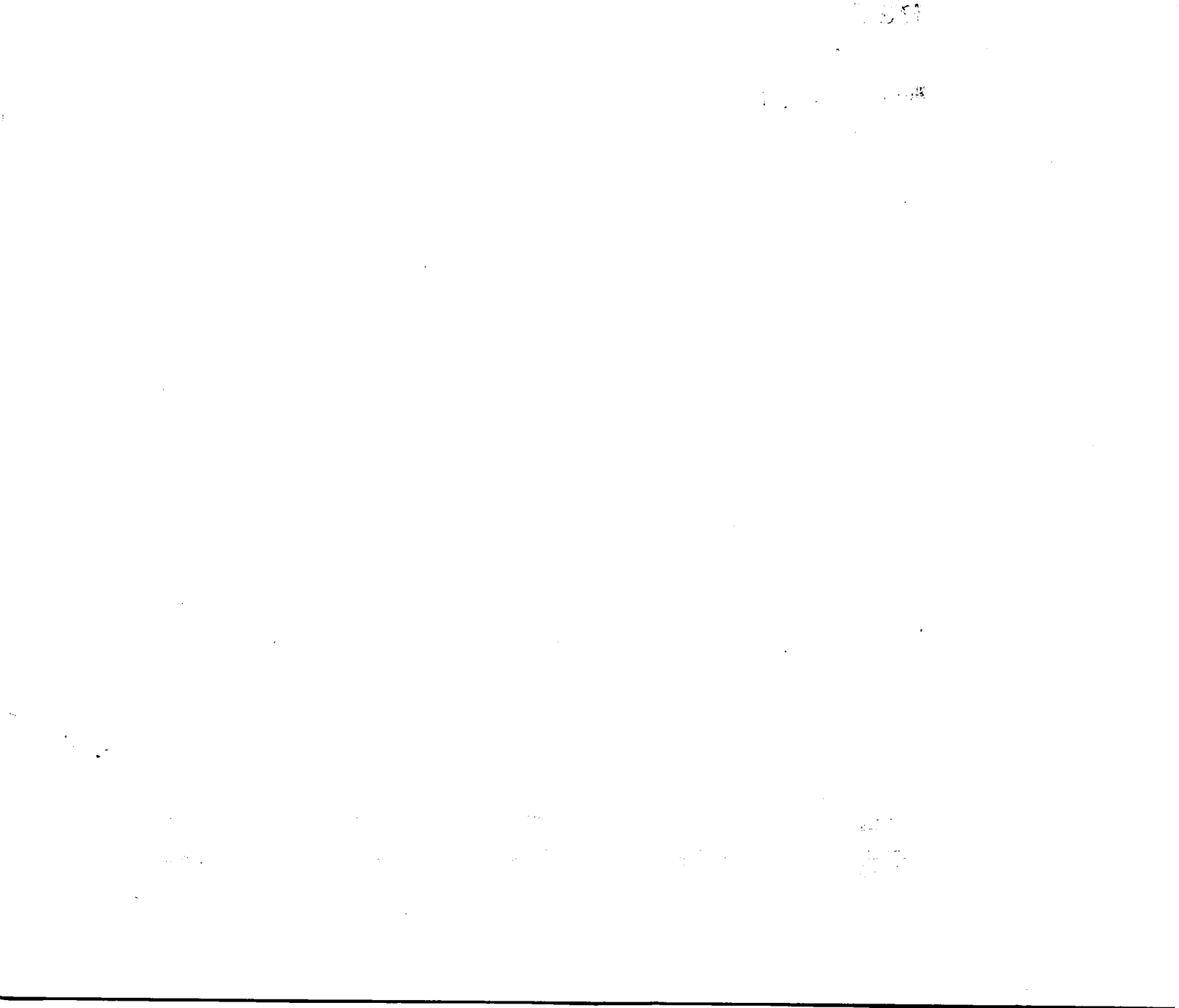
1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY OR TOWN <u>Boise, Idaho</u>		c. CITY OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital - Nurses Tr. School</u>		d. STREET ADDRESS (If rural, give location) <u>4721 - Boise Ave.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy West</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 29 1958</u>
7. FATHER'S NAME a. (First) <u>Charles</u> b. (Middle) <u>Thomas</u> c. (Last) <u>West</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>37</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Stillwater Oklahoma</u>	11a. USUAL OCCUPATION <u>Painting</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Building Trade</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Jean</u> b. (Middle) <u>Mc Bride</u> c. (Last) <u>West</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Wheaton Missouri</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>mother - Jean West</u>			
18a. LENGTH OF PREGNANCY <u>22</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date <u>March 18, 1958.</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None apparent except prematurity</u> 20b. MATERNAL CAUSES <u>Premature Separation of the Placenta.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Intermittent bleeding during pregnancy</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>James C. F. Chapman, M.D.</u> 23b. DATE SIGNED <u>3-29-58</u> 23c. ATTENDANT'S ADDRESS <u>310 Idaho St</u> 23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u> 23e. TITLE <u>Boise, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	25b. DATE <u>3-30-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>ST. LUKES HOSP.</u>	25d. LOCATION (City, town, or county) (State) <u>BOISE, IDAHO</u>
DATE REC'D BY LOCAL REG. <u>4-4-58</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>Boise, Idaho</u> <u>SUMMERS FUNERAL HOME</u>	



RECEIVED (14) Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
APR 28 1958
State of Idaho

State File No. 041
Local Reg. No. 130
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> Bureau of Vital Statistics			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>327 Hillview Drive</u>		
3. CHILD'S NAME (Type or Print) <u>Baby Girl Thompson</u>					
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 2 1958</u>		
7. FATHER'S NAME a. (First) <u>Victor</u> b. (Middle) <u>N</u> c. (Last) <u>Thompson</u>		8. COLOR OR RACE <u>white</u>			
9. AGE (At time of this birth) <u>42</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Idaho</u>		11a. USUAL OCCUPATION <u>Real Estate</u>	
11b. KIND OF BUSINESS OR INDUSTRY					
12. MOTHER'S MAIDEN NAME a. (First) <u>Grace</u> b. (Middle) <u>L</u> c. (Last) <u>Larsen</u>		13. COLOR OR RACE <u>white</u>			
14. AGE (At time of this birth) <u>44</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Idaho</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. Grace L. Thompson</u>					
18a. LENGTH OF PREGNANCY <u>33</u> WEEKS		18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>4</u> OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Oct 21 - 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Placental Insufficiency</u>			
		20b. MATERNAL CAUSES <u>Toxemia of Pregnancy</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>James C. F. Chapman, M.D.</u>		23b. DATE SIGNED <u>April 3, 1958</u>	
		23c. ATTENDANT'S ADDRESS <u>310 Idaho St. Boise</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician <u>J. Dale McManis</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		25b. DATE <u>4-3-58</u>		25c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hospital</u>	
25d. LOCATION (City, town, or county) (State) <u>Boise Idaho</u>		26. FUNERAL DIRECTOR <u>J. Dale McManis</u> ADDRESS <u>Boise, Idaho</u> SUMMERS FUNERAL HOME			



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CERTIFICATE OF STILLBIRTH

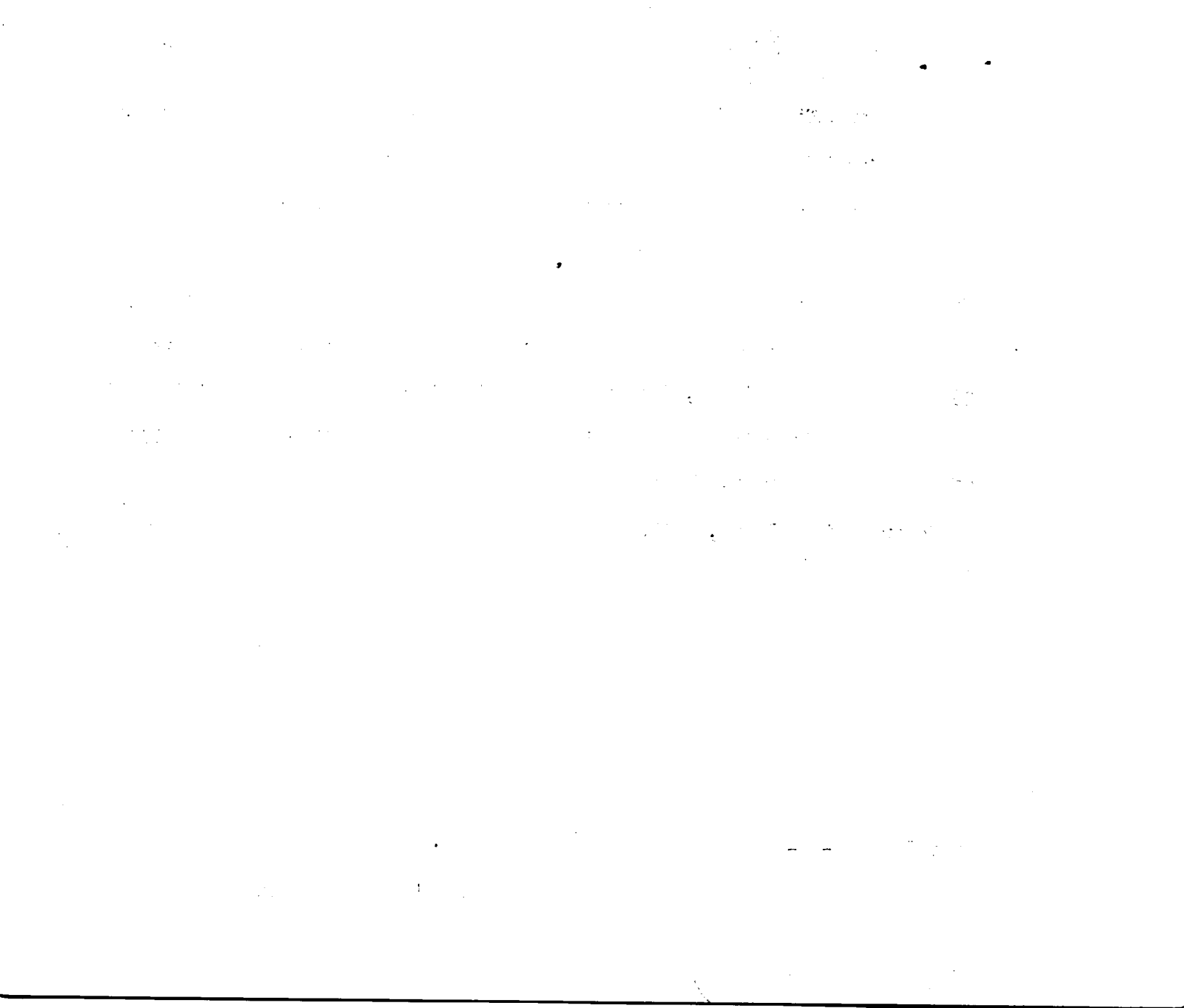
State of Idaho

MAY 19 1958

Revision of Standard Certificate)

State File No. **042**
Local Reg. No. **30**
Reg. Dist. No. **810**

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location) 735 East Halliday	
3. CHILD'S NAME (Type or Print) BABY GIRL WALTERS			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 25, 1958
7. FATHER'S NAME a. (First) Roger b. (Middle) Louis c. (Last) Walters		8. COLOR OR RACE White	
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Portland, Oregon	11a. USUAL OCCUPATION Instructor	11b. KIND OF BUSINESS OR INDUSTRY Idaho State College
12. MOTHER'S MAIDEN NAME a. (First) Georgia b. (Middle) RahamaLee c. (Last) Waller		13. COLOR OR RACE White	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Borger, Texas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Roger Louis Walters, Father			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH not done LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Congenital Hydrocephalus	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:58 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) John R. McMahon	
23b. DATE SIGNED		23c. ATTENDANT'S ADDRESS	
		If NOT attended by physician	
		24. SIGNATURE OF AUTHORIZED OFFICIAL Downard's Funeral Home	
		TITLE Pocatello	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE 4-25-58	25c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. MAY 16 1958	REGISTRAR'S SIGNATURE Doris Albright	26. FUNERAL DIRECTOR ADDRESS Downard's Funeral Home Pocatello by John P. Brown	



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D 49 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

MAY 5 1958

State of Idaho

State File No.

043

Local Reg. No.

27

Reg. Dist. No.

116

1. PLACE OF STILLBIRTH a. COUNTY Bonner		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonner	
b. CITY OR TOWN Sandpoint		c. CITY OR TOWN Priest River	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bonner General Hospital		d. STREET ADDRESS (If rural, give location) Unknown	
3. CHILD'S NAME (Type or Print)			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 4-15-58
7. FATHER'S NAME a. (First) Lester b. (Middle) Darrah c. (Last) White			8. COLOR OR RACE White
9. AGE (At time of this birth) 57 YEARS	10. BIRTHPLACE (State or foreign country) Nebraska	11a. USUAL OCCUPATION Unemployed	11b. KIND OF BUSINESS OR INDUSTRY None.
12. MOTHER'S MAIDEN NAME a. (First) Dotty b. (Middle) Stephenishen c. (Last) White			13. COLOR OR RACE White
14. AGE (At time of this birth) 37 YEARS	15. BIRTHPLACE (State or foreign country) North Dakota	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 12 b. How many children were born alive but are now dead? None. c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None.	
17. INFORMANT Mother.			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 12 LBS. 11 OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. Approximate date February, 1958	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Cause Unknown.	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None.		22. STATE ALL OPERATIONS FOR DELIVERY None.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:54 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) J. J. Murren M.D.	
23b. DATE SIGNED 4-17-58		23c. ATTENDANT'S ADDRESS Sandpoint, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL J. J. Murren		TITLE MD	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 4-21-58	25c. NAME OF CEMETERY OR CREMATORY Meen Funeral Home	25d. LOCATION (City, town, or county) (State) Sandpoint, Idaho.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 4/23/58 Carine Eglund		25. FUNERAL DIRECTOR ADDRESS J. J. Murren Sandpoint, Idaho	

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RECEIVED
CERTIFICATE OF STILLBIRTH
State of Idaho
MAY 20 1958

State File No. 044
Local Reg. No. 2
Reg. Dist. No. 3.62

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon of Vital Statistics</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u> c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Mercy Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u> d. STREET ADDRESS (If rural, give location) <u>1818 3rd St. No.</u>		
3. CHILD'S NAME ((Type or Print)) <u>INFANT SON EDWARDS</u>					
4. SEX <u>Male</u>		5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	
6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 4, 1958</u>					
7. FATHER'S NAME a. (First) <u>James</u> b. (Middle) <u>T.</u> c. (Last) <u>Edwards, Jr.</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>27</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Nampa, Idaho</u>		11a. USUAL OCCUPATION <u>Logger</u>	
11b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>					
12. MOTHER'S MAIDEN NAME a. (First) <u>Marjory</u> b. (Middle) <u>Irene</u> c. (Last) <u>McCutchan</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>25</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Hood River, Oregon</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>X James T. Edwards, Jr.</u>					
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Underdeveloped 3 times about neck</u>			
		20b. MATERNAL CAUSES <u>1 Mother on thrombin</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>Normal delivery</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u>		23b. DATE SIGNED <u>4-10-58</u>	
		23c. ATTENDANT'S ADDRESS <u>[Address]</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>	
		25d. LOCATION (City, town, or county) (State) <u>Nampa, Canyon, Idaho</u>			
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>4-8-58</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Kohlerlawn Cemetery</u>	
DATE REC'D BY LOCAL REG. <u>April 28, 1958</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. FUNERAL DIRECTOR ADDRESS <u>Lewis Edmunds Mortuary</u>	

RECEIVED 1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
MAY 20 1958
State of Idaho

State File No. 045
Local Reg. No. 3
Reg. Dist. No. 362

1. PLACE OF STILLBIRTH a. COUNTY Bureau of Vital Statistics Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Samaritan Community Hospital		d. STREET ADDRESS (If rural, give location) 311 Maple	
3. CHILD'S NAME (Type or Print) Baby Girl A Mittlestedt			
4. SEX F	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 21 1958
7. FATHER'S NAME Donald		a. (First) Donald b. (Middle) Mittlestedt c. (Last) Mittlestedt	8. COLOR OR RACE W
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Downey, Idaho	11a. USUAL OCCUPATION Truck Driver	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME Bonnie		a. (First) Bonnie b. (Middle) Bolen c. (Last) Bolen	13. COLOR OR RACE W
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Boise, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? none b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Donald Mittlestedt			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date March 1958	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Atletasia - 20b. MATERNAL CAUSES Premature labor	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:40 a. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Mrs. Jane Steck	
23b. DATE SIGNED 4/25/58		23c. ATTENDANT'S ADDRESS Nampa, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL John F. Alsip, Jr.		23e. TITLE Registrar	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 4-23-58	25c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery	25d. LOCATION (City, town, or county) (State) Nampa Idaho
DATE REC'D BY LOCAL REG April 28, 1958		REGISTRAR'S SIGNATURE Mrs. Jane Steck	
26. FUNERAL DIRECTOR John F. Alsip, Jr.		ADDRESS Nampa, Ida.	

RECEIVED
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 046

Local Reg. No. 4

Reg. Dist. No. 362

MAY 20 1958

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Samaritan Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>311 Maple</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl B Mittlestedt</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 21 1958</u>
7. FATHER'S NAME a. (First) <u>Donald</u> b. (Middle) <u>Mittlestedt</u> c. (Last) <u>Mittlestedt</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Downey, Idaho</u>	11a. USUAL OCCUPATION <u>Truck Driver</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Bonnie</u> b. (Middle) <u>Bolen</u> c. (Last) <u>Bolen</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Boise, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Donald Mittlestedt</u>			
18a. LENGTH OF PREG- NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>March 1958</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity - atelectasis</u> 20b. MATERNAL CAUSES <u>Premature labor 6 months</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature labor -</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>0</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:40 a. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Joseph B. Maramba M.D.</u> 23b. DATE SIGNED <u>4/25/58</u>	
23c. ATTENDANT'S ADDRESS <u>Nampa, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Alsip</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>4-23-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Kohlerlawn Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Nampa Idaho</u>
DATE REC'D BY LOCAL REG. <u>April 28, 1958</u>		26. FUNERAL DIRECTOR <u>Mrs. Jane Steck</u> ADDRESS <u>Nampa, Ida.</u>	

RECEIVED (17th Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho
APR 16 1958

State File No. **047**
Local Reg. No. **1**
Reg. Dist. No. **520-521**

1. PLACE OF STILLBIRTH a. COUNTY <u>Caribou</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bear Lake</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Soda Springs Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Logtown Idaho</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Soda Springs County Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Solomon</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Apr. 3 1958</u>
7. FATHER'S NAME a. (First) <u>Edwin</u> b. (Middle) <u>LeRoy</u> c. (Last) <u>Solomon</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>40</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Spokane Washington</u>	11a. USUAL OCCUPATION <u>Roadrunner N. P.</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Kamola</u> b. (Middle) <u>Hansen</u> c. (Last) <u>Hansen</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>40</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho City Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT			
18a. LENGTH OF PREGNANCY <u>33</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>10</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Aug 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Premature separation of placenta</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature separation of placenta</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE <u>James J. J. M.D.</u>	23b. DATE SIGNED <u>4-7-58</u>
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>Apr. 5 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Logtown Cemetery Logtown Idaho</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho</u>
DATE REC'D BY LOCAL REG. <u>Apr 4-1958</u>	REGISTRAR'S SIGNATURE <u>Lawrence J. J.</u>	26. FUNERAL DIRECTOR ADDRESS <u>Montpelier Idaho</u>	

1917-18-1918-19

1918-19-1919-20

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(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 State of Idaho

State File No. **048**Local Reg. No. **539**Reg. Dist. No. **470**

MAY 9 1958

1. PLACE OF STILLBIRTH a. COUNTY Cassia		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Cassia	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cottage Hospital		d. STREET ADDRESS (If rural, give location) R. F. D. #	

3. CHILD'S NAME (Type or Print) Infant Hanks			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 8, 1958

7. FATHER'S NAME a. (First) Phillip b. (Middle) Dennis c. (Last) Hanks			8. COLOR OR RACE White
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) Burley, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Agriculture

12. MOTHER'S MAIDEN NAME a. (First) Buelah b. (Middle) Silcock c. (Last) Silcock			13. COLOR OR RACE White
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Burley, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	

17. INFORMANT Phillip Hanks		18a. LENGTH OF PREGNANCY 39 WEEKS		18b. WEIGHT AT BIRTH 6 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 8-27-57
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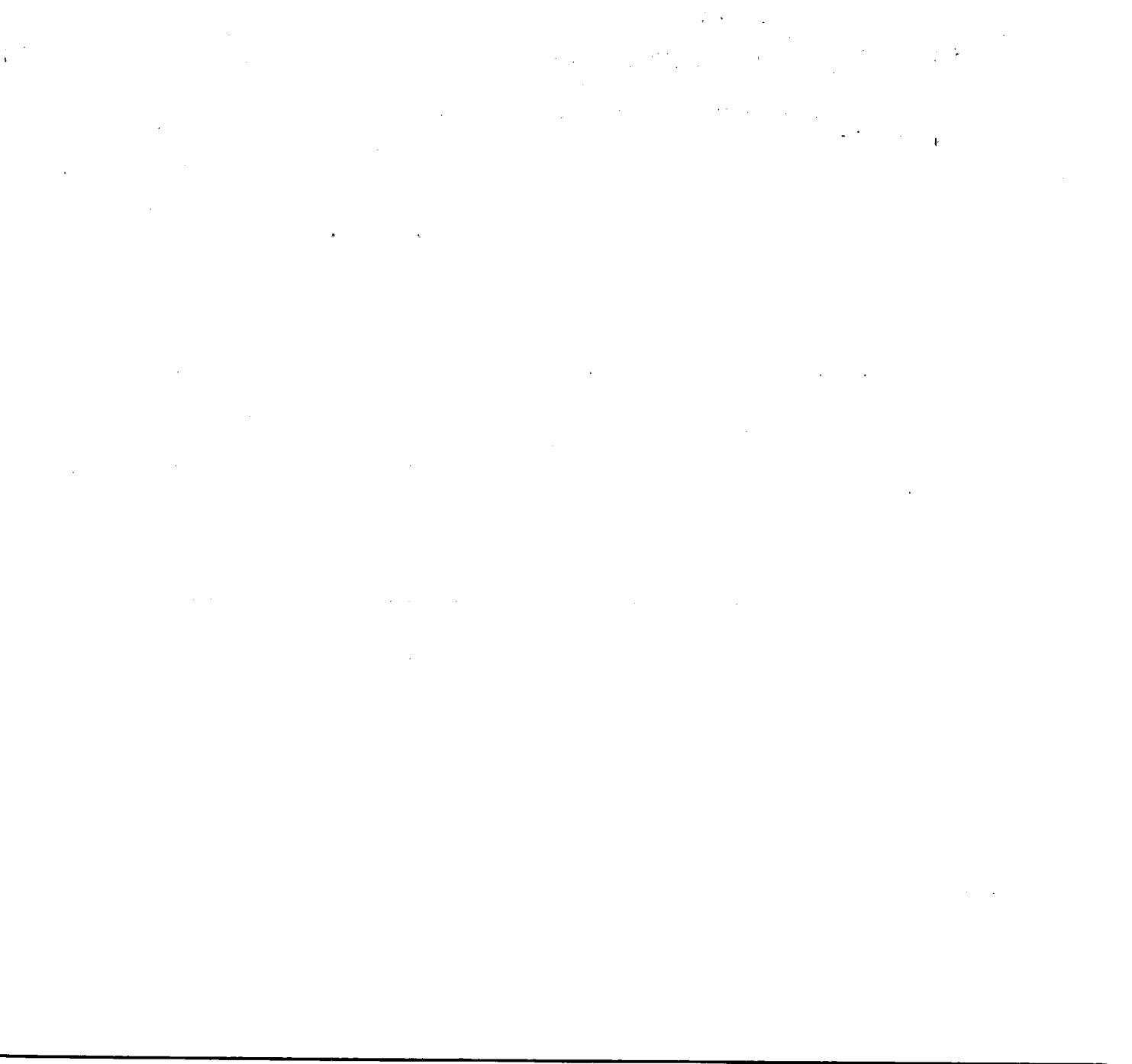
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Infarction in placenta with resulting anoxemia to infant
	20b. MATERNAL CAUSES none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none	22. STATE ALL OPERATIONS FOR DELIVERY -
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:30 P. m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Dr. Phillip Hanks M.D.		23b. DATE SIGNED 2 May 58
	23c. ATTENDANT'S ADDRESS Burley, Idaho	IF NOT attended by physician <input type="checkbox"/>	24. SIGNATURE OF AUTHORIZED OFFICIAL Dr. Phillip Hanks

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 4/10/58	25c. NAME OF CEMETERY OR CREMATORY Pleasant View	25d. LOCATION (City, town, or county) (State) Burley, Idaho
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DATE REC'D BY LOCAL REG. 5-8-58	REGISTRAR'S SIGNATURE David B. ...	26. FUNERAL DIRECTOR David B. ...	ADDRESS Burley, Idaho
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CERTIFICATE OF STILLBIRTH

MAY 14 1958 State of Idaho

State File No. 049
Local Reg. No. 13
Reg. Dist. No. 210

1. PLACE OF STILLBIRTH a. COUNTY <u>Clearwater</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Orofino</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clearwater Valley</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Clearwater</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Orofino</u> d. STREET ADDRESS (If rural, give location) <u>Box 188</u>	
3. CHILD'S NAME (Type or Print) <u>not named</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 24, 1958</u>
7. FATHER'S NAME a. (First) <u>Richard</u> b. (Middle) <u>James</u> c. (Last) <u>Willoughby</u>		8. COLOR OR RACE <u>W.</u>	
9. AGE (At time of this birth) <u>48</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Washington</u>	11a. USUAL OCCUPATION <u>Bar tender</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Ruby</u> b. (Middle) <u>May</u> c. (Last) <u>Dykes</u>		13. COLOR OR RACE <u>W.</u>	
14. AGE (At time of this birth) <u>38</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Kansas</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>8</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>NONE</u>	
17. INFORMANT <u>Ruby May Willoughby</u>			
18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>March 1958</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>none</u>	
		20b. MATERNAL CAUSES <u>Enlarged Cord</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Enlarged Cord</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>M. D. Bannan</u>	
23c. ATTENDANT'S ADDRESS <u>Orofino Idaho</u>		23b. DATE SIGNED <u>4-29-58</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG <u>May 5, 1958</u>	REGISTRAR'S SIGNATURE <u>Ruth Zeller</u>	26. FUNERAL DIRECTOR ADDRESS	

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(1949 Revision of Standard Certificate)

MAY 1 1958

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 050

Local Reg. No. 200

Reg. Dist. No. 200

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u>	
b. CITY OR TOWN <u>Moscow</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Moscow</u> (If outside corporate limits, write RURAL and give township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gritman Memorial</u>		d. STREET ADDRESS <u>Apt 42, Park Village</u> (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>John Henry McDonald</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 27, 1958</u>
7. FATHER'S NAME a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>McDonald</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Hollywood, Calif</u>	11a. USUAL OCCUPATION <u>Student</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U of I.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Sharon</u> b. (Middle) <u>Suzanne</u> c. (Last) <u>ALLRED</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>SALT LAKE CITY, Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Sharon Suzanne McDonald</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>none</u>	
		20b. MATERNAL CAUSES <u>Placental infarction</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4:00 P. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other) <u>John H. Myers MD</u>	
		23b. DATE SIGNED <u>4-21-58</u>	
23c. ATTENDANT'S ADDRESS <u>Moscow, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>_____</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		25b. DATE <u>4/29/58</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Moscow, Idaho</u>		25d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>4/29/58</u>		26. FUNERAL DIRECTOR ADDRESS	
REGISTRAR'S SIGNATURE <u>L. B. Skoog</u>			

RECEIVED (1958) Revision of Standard Certificate)
MAY 20 1958
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 051
Local Reg. No. 27
Reg. Dist. No. 230

1. PLACE OF STILLBIRTH (Where of Vital Statistics) a. COUNTY <u>Madison</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Madison</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rexburg</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sugar City</u>		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Madison Memorial Hospital</u>			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) <u>Baby Camp</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 8, 1958</u>		
7. FATHER'S NAME a. (First) <u>Wendell</u> b. (Middle) <u>Draper</u> c. (Last) <u>Camp</u>		8. COLOR OR RACE <u>cauc.</u>			
9. AGE (At time of this birth) <u>47</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Malad, Idaho</u>	11a. USUAL OCCUPATION <u>Trucker</u>	11b. KIND OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME a. (First) <u>Blanche</u> b. (Middle) c. (Last) <u>Benson</u>		13. COLOR OR RACE <u>cauc.</u>			
14. AGE (At time of this birth) <u>43</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Malad, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>6</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>Blanche B. Camp</u>					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>4 1/4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Sept. 15, 1957.</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Thrombosis of cord (5 days before birth)</u>		20a. FETAL CAUSES <u>none</u> 20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>M. J. Rigby M.D.</u> 23c. ATTENDANT'S ADDRESS <u>Rexburg, Idaho</u>		23b. DATE SIGNED <u>4-9-58</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Blanche B. Camp</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>April 9, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Malad, Idaho</u>		25d. LOCATION (City, town, or county) (State) <u>Idaho</u>	
DATE REC'D BY LOCAL REG. <u>5/9/58</u>		REGISTRAR'S SIGNATURE <u>Leona Flamm</u>		26. FUNERAL DIRECTOR <u>Leona Flamm</u> ADDRESS <u>Rexburg, Idaho</u>	

pt. had Bilateral Cleft palate & lip

RECEIVED

(1940 Revision of Standard Certificate)

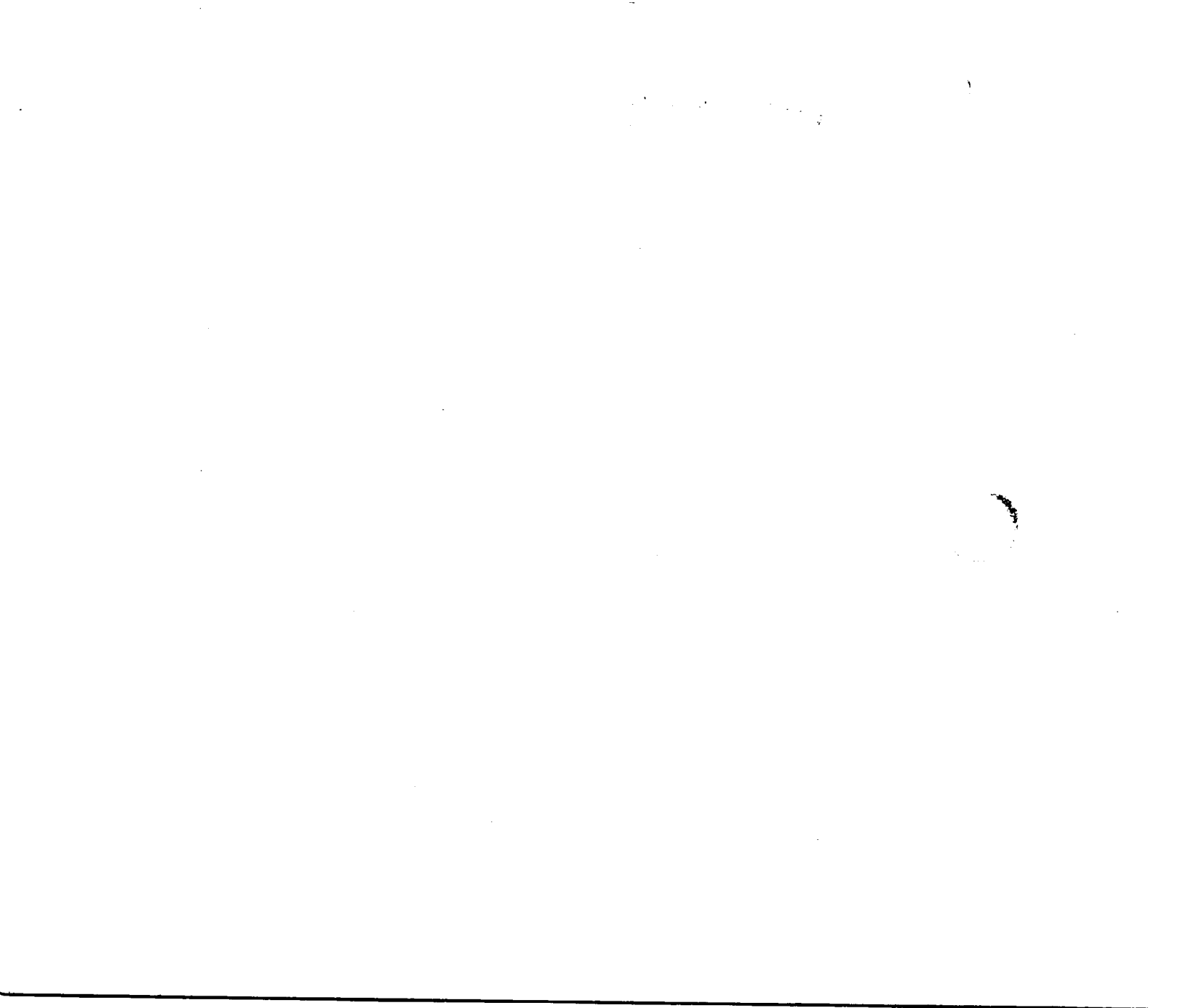
APR 16 1958

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 14052
Reg. Dist. No. 458

1. PLACE OF STILLBIRTH a. COUNTY <u>Minidoka</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Minidoka</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rupert</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rupert</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rupert General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>214 D Street</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Zempedri</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Apr 2 1958</u>
7. FATHER'S NAME a. (First) <u>Lorgeno</u> b. (Middle) <u>E</u> c. (Last) <u>Zempedri</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>34</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rupert Idaho</u>	11a. USUAL OCCUPATION <u>Farm Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Darlene</u> b. (Middle) <u>Paoli</u> c. (Last) <u></u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Rupert Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>5</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u></u>	
17. INFORMANT <u>Lorgeno E. Zempedri</u>			
18a. LENGTH OF PREGNANCY <u>24</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u></u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>3-19-58</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Not known</u>	
		20b. MATERNAL CAUSES <u>Not known</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Started to bleed during pregnancy</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE <u>Elizabeth M. D.</u> 23c. ATTENDANT'S ADDRESS <u>7th + 4 St. Rupert, Idaho</u>	23b. DATE SIGNED <u>4-3-58</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Robert C. Talk</u> TITLE <u>Rupert Ida</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>4-3-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rupert Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Rupert Idaho</u>
DATE REC'D BY LOCAL REG. <u>4-11-58</u>		26. FUNERAL DIRECTOR ADDRESS <u>Rupert Robert C. Talk Rupert Ida</u>	



RECEIVED
(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
APR 21 1958 **State of Idaho**

State File No. **7-053**
Local Reg. No. **220**
Reg. Dist. No. **220**

1. PLACE OF STILLBIRTH a. COUNTY Bureau of Vital Statistics Neg. Perce b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Oregon b. COUNTY Umatilla c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pendleton d. STREET ADDRESS (If rural, give location) Rt. #1 Box 266 A	
3. CHILD'S NAME (Type or Print) ELLEN LOUISE McCONVILLE			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 14, 1958
7. FATHER'S NAME a. (First) Arthur b. (Middle) James c. (Last) McConville		8. COLOR OR RACE Indian	
9. AGE (At time of this birth) 50 YEARS	10. BIRTHPLACE (State or foreign country) Kamiah, Idaho	11a. USUAL OCCUPATION Construction Worker	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME Dana Kay		13. COLOR OR RACE Indian	
14. AGE (At time of this birth) 38 YEARS	15. BIRTHPLACE (State or foreign country) Pendleton, Ore.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 5 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2	
17. INFORMANT <i>Arthur J. McConville (B.N.M.)</i>			
18a. LENGTH OF PREGNANCY 18 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Prematurity</i> 20b. MATERNAL CAUSES <i>Abnormal Placenta</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:52 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>W. H. Pierce M.D.</i>	
		23b. DATE SIGNED 4/15/58	
23c. ATTENDANT'S ADDRESS <i>Lewiston, Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>H. H. Malcom</i>	TITLE Dr. Pierce
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE April 15, 1958	25c. NAME OF CEMETERY OR CREMATORY Spalding Cemetery	25d. LOCATION (City, town, or county) (State) Spalding, Idaho
DATE REC'D BY LOCAL REG. 4/16/58	REGISTRAR'S SIGNATURE <i>Cora Kinger</i>	26. FUNERAL DIRECTOR <i>H. H. Malcom</i>	ADDRESS Lewiston, Idaho Dr. Pierce

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RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

MAY 2 1958

State of Idaho

State File No. 054

Local Reg. No. 78

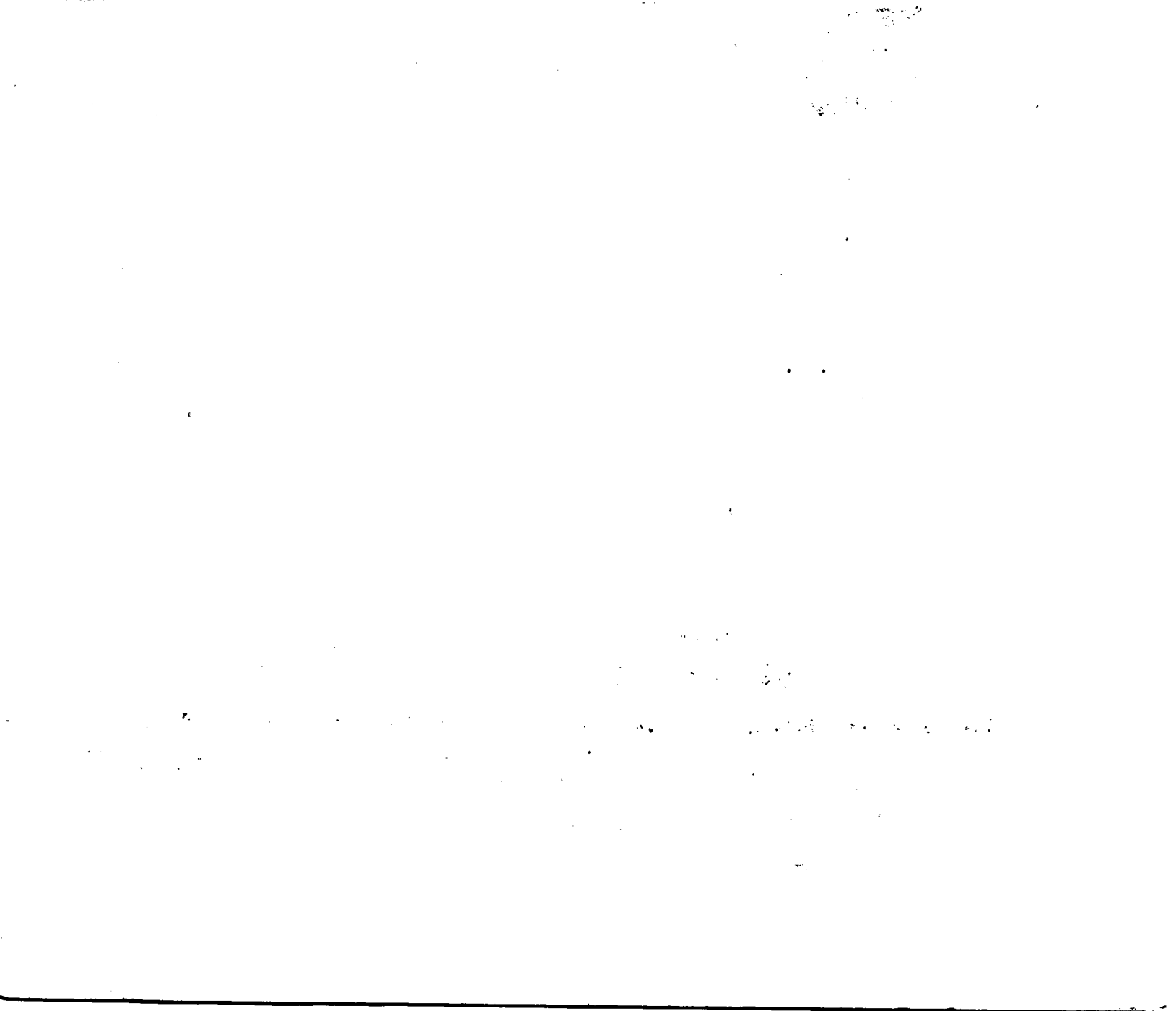
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY <u>Nez Perce</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston</u> c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Joseph's</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Washington</u> b. COUNTY <u>Casotino</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkston</u> d. STREET ADDRESS (If rural, give location) <u>323-15th S.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Miller</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>4-15-58</u>
7. FATHER'S NAME a. (First) <u>Mickey</u> b. (Middle) c. (Last) <u>Miller</u>	8. COLOR OR RACE <u>white</u>		
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>no record</u>	11a. USUAL OCCUPATION <u>Engineer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Civil</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Patricia Stark</u> b. (Middle) c. (Last)	13. COLOR OR RACE <u>white</u>		
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>no record</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Mickey L. Miller</u>			
18a. LENGTH OF PREGNANCY <u>33</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Erythroblastosis</u> 20b. MATERNAL CAUSES <u>Rh. neg.</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature - Stillbirth</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:38 P.</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>M.D. Cure MD</u>	23b. DATE SIGNED <u>4/18/58</u>
23c. ATTENDANT'S ADDRESS <u>Lewiston, Idaho.</u>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>J. Vassar</u> TITLE <u>Registrar</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>4-22-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Normal Hill</u>	25d. LOCATION (City, town, or county) (State) <u>Lewiston, Idaho</u>
DATE REC'D BY LOCAL REG. <u>4/22/58</u>	REGISTRAR'S SIGNATURE <u>Cora Kinzer</u>	26. FUNERAL DIRECTOR <u>J. Vassar</u> ADDRESS <u>Lawrence, Idaho</u>	

RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
MAY 12 1958
State of Idaho

State File No. **055**
Local Reg. No. **27**
Reg. Dist. No. **220**

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Nez Perce c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston d. STREET ADDRESS (If rural, give location) St 1126 Cedar	
3. CHILD'S NAME (Type or Print) Michelle Marie Shepherd			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 4-20-58
7. FATHER'S NAME a. (First) R. W. Shepherd b. (Middle) c. (Last)		8. COLOR OR RACE White	
9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) Moscow, Idaho	11a. USUAL OCCUPATION Lineman	11b. KIND OF BUSINESS OR INDUSTRY Power Co.
12. MOTHER'S MAIDEN NAME a. (First) Geraldine b. (Middle) c. (Last) Backman		13. COLOR OR RACE white	
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Troy, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT * Robert W. Shepherd			
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 5 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown 20b. MATERNAL CAUSES Abortion Placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Slight Hypertension throughout pregnancy		22. STATE ALL OPERATIONS FOR DELIVERY Cesarean Section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:01 P. m.		23a. ATTENDANT'S SIGNATURE Frank B. Biederman	23b. DATE SIGNED 5/5/58
23c. ATTENDANT'S ADDRESS 1522 17th St.		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL V. Vassar
25a. BURIAL, CREMATION, REMOVAL (Specify) burial	25b. DATE 5-1-58	25c. NAME OF CEMETERY OR CREMATORY Lewis Clark Memorial	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 5/5/58	REGISTRAR'S SIGNATURE Cora Kinger	25. FUNERAL DIRECTOR V. Vassar	ADDRESS Lewiston, Idaho



RECEIVED

(1949 Revision of Standard Certificate)

MAY 5 1958

CERTIFICATE OF STILLBIRTH

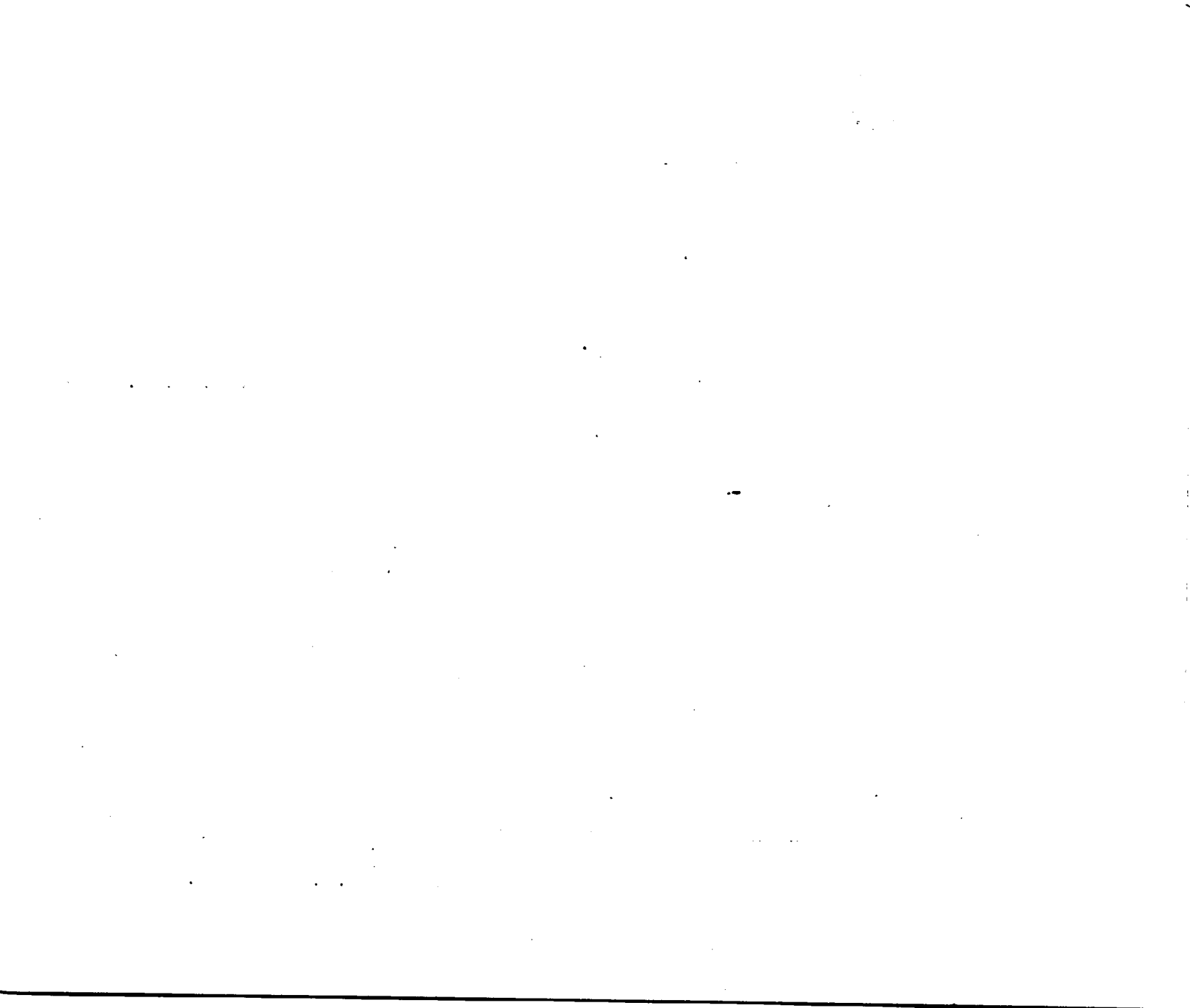
State of Idaho

State File No. 056

Local Reg. No.

Reg. Dist. No. 500

1. PLACE OF STILLBIRTH a. COUNTY Power		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Power	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN American Falls,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN American Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Schiltz Memorial Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Unnamed. Oneida Baby			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 4 17 1958
7. FATHER'S NAME a. (First) John b. (Middle) L. c. (Last) Oneida	8. COLOR OR RACE White		
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Shoshone, Idaho	11a. USUAL OCCUPATION Civil Engineer	11b. KIND OF BUSINESS OR INDUSTRY U. S. B. R.
12. MOTHER'S MAIDEN NAME a. (First) Marcella b. (Middle) A. c. (Last) Brookbank	13. COLOR OR RACE White		
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Wendell, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT John L. Oneida			
18a. LENGTH OF PREGNANCY 34 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Nov. 22, 1957	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Marked hydrocephalus (Monstrosity)	
		20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Delayed second stage, Breech ext.		22. STATE ALL OPERATIONS FOR DELIVERY Right Medio-lateral episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:50 P. m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) H. L. Davis, M.D.		23b. DATE SIGNED April 25, 1958
	23c. ATTENDANT'S ADDRESS American Falls, Idaho	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL H. L. Davis TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 4 -19- 58	25c. NAME OF CEMETERY OR CREMATORY FallsView Cemetery	25d. LOCATION (City, town, or county) (State) American Falls, Idaho
DATE REC'D BY LOCAL REG. 4-30-58	REGISTRAR'S SIGNATURE Clara Duncan	26. FUNERAL DIRECTOR ADDRESS H. L. Davis Am. Falls, Ida.	



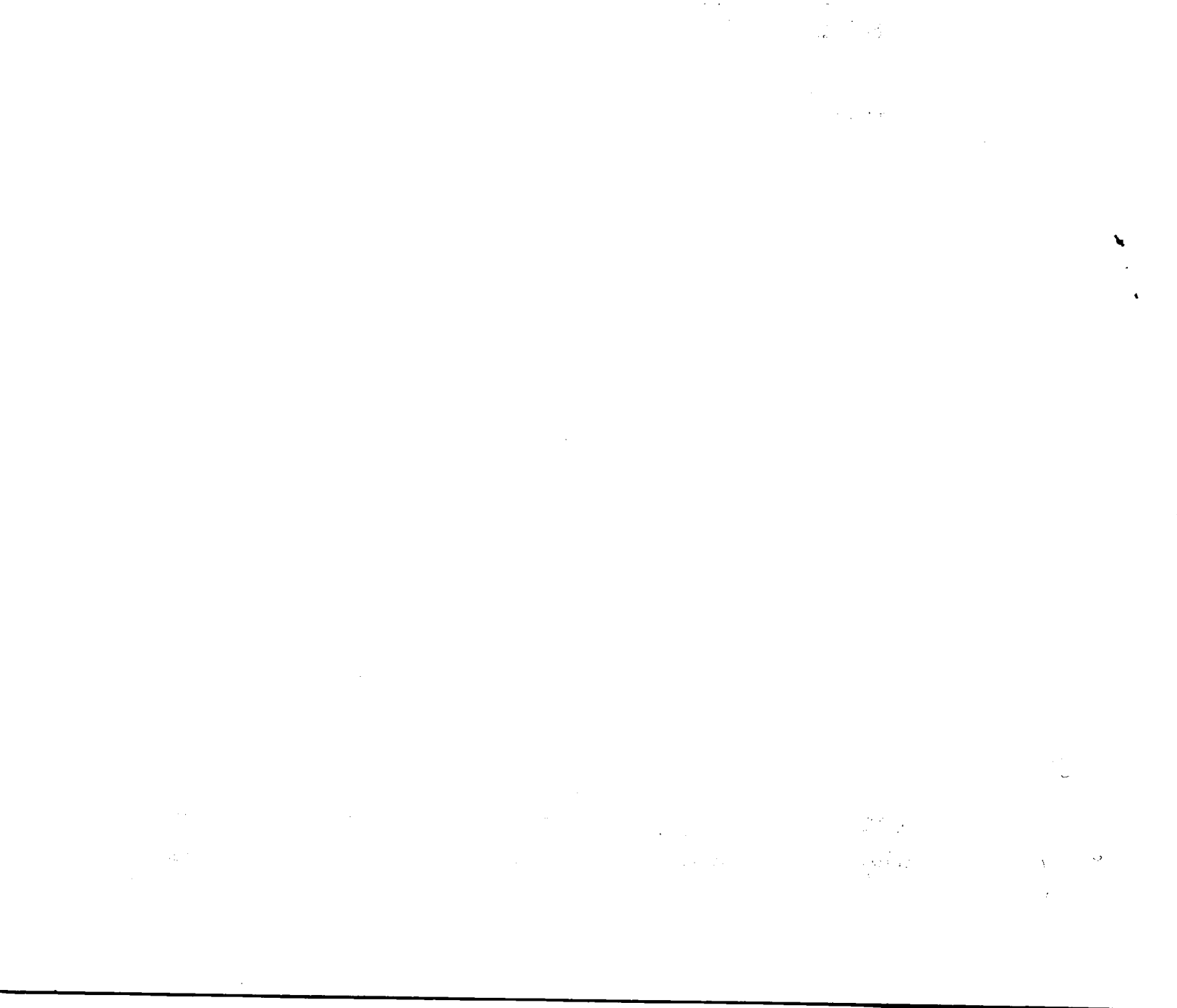
APR 28 1958

CERTIFICATE OF STILLBIRTH

State of Idaho

Bureau of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY OR TOWN <u>Boise</u>		c. CITY OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital - Nares Dr. School</u>		d. STREET ADDRESS (If rural, give location) <u>2727 N - 30th</u>	
3. CHILD'S NAME (Type or Print) <u>Infant boy Haskins</u>			
4. SEX <u>M.</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 12 1958</u>
7. FATHER'S NAME a. (First) <u>Charles</u> b. (Middle) <u>Laverne</u> c. (Last) <u>Haskins</u>		8. COLOR OR RACE <u>W.</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Kuna Idaho</u>	11a. USUAL OCCUPATION <u>Warehouse man</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Hard ware</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Betty</u> b. (Middle) <u>Joan</u> c. (Last) <u>Rudolph</u>		13. COLOR OR RACE <u>W.</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Boise Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>2</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Mother -</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>7 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Oct 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Not known</u>	
		20b. MATERNAL CAUSES <u>C</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Polyhydramnios</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Breech delivery</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>R. B. Callahan M.D.</u>	
23c. ATTENDANT'S ADDRESS		23b. DATE SIGNED <u>3-12-58</u>	
		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Chas. M. Murney</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		25b. DATE <u>3-25-58</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>St. Luke Hospital</u>		25d. LOCATION (City, town, or county) (State) <u>Boise Idaho</u>	
DATE REC'D BY LOCAL REG. <u>4-4-58</u>		REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	
		26. FUNERAL DIRECTOR <u>Summers Funeral Home</u>	
		ADDRESS <u>Boise, Idaho</u>	



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CERTIFICATE OF STILLBIRTH
MAY 19 1958 State of Idaho

State File No. 258
Local Reg. No. 127
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada Bureau of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 415 North Twenty-seventh	
3. CHILD'S NAME (Type or Print) JERRY GRANT JENKINS			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 7 1958
7. FATHER'S NAME a. (First) Charles b. (Middle) E. c. (Last) Jenkins		8. COLOR OR RACE White	
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Pontiac, Michigan	11a. USUAL OCCUPATION Switchman	11b. KIND OF BUSINESS OR INDUSTRY Railroad
12. MOTHER'S MAIDEN NAME a. (First) Lillian b. (Middle) Louise c. (Last) Newton		13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Arkansas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT <i>Charles E. Jenkins</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 14 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES none	
		20b. MATERNAL CAUSES Abrupted Placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Abruption of Placenta		22. STATE ALL OPERATIONS FOR DELIVERY Cesarean Section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:22 a. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Max H. Bell, M.D.	
23b. ATTENDANT'S ADDRESS Boise, Idaho		23b. DATE SIGNED 5/9/58	
24. SIGNATURE OF AUTHORIZED OFFICIAL John F. Alsip, Jr.		TITLE Nampa, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE May 10, 1958	25c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery	25d. LOCATION (City, town, or county) (State) Nampa, Canyon, Idaho
DATE REC'D BY LOCAL REG. 5-14-58	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR John F. Alsip, Jr. ALSIP FUNERAL CHAPEL	

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

MAY 27 1958

State of Idaho

State File No. **059**
Local Reg. No. **193**
Reg. Dist. No. **370**

1. PLACE OF STILLBIRTH a. COUNTY Ada <i>Bureau of Vital Statistics</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 2100 Shoshone Street	
3. CHILD'S NAME (Type or Print) BABY BOY CARROLL			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 8, 1958
7. FATHER'S NAME a. (First) Willie b. (Middle) F. c. (Last) Carroll		8. COLOR OR RACE White	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Florida	11a. USUAL OCCUPATION Air Force	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) LaVara b. (Middle) Welch c. (Last)		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Belle Fouché, S.D.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>LaVara M. Carroll</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Jan 1958	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Hydrocephalus in utero	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Brow presentation		22. STATE ALL OPERATIONS FOR DELIVERY Decompression & forceps delivery	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>James M. Dupuyman M.D.</i>	23b. DATE SIGNED 5-12-58
23c. ATTENDANT'S ADDRESS Boise Idaho		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>James M. Dupuyman</i> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 5/14/58	25c. NAME OF CEMETERY OR CREMATORY Morris Hill	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 5-27-58	REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>	26. FUNERAL DIRECTOR <i>James M. Dupuyman</i> ADDRESS SUMMERS FUNERAL HOME, Boise, Idaho	

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

MAY 27 1958

State of Idaho

State File No. 060

Local Reg. No. 192

Reg. Dist. No. 370

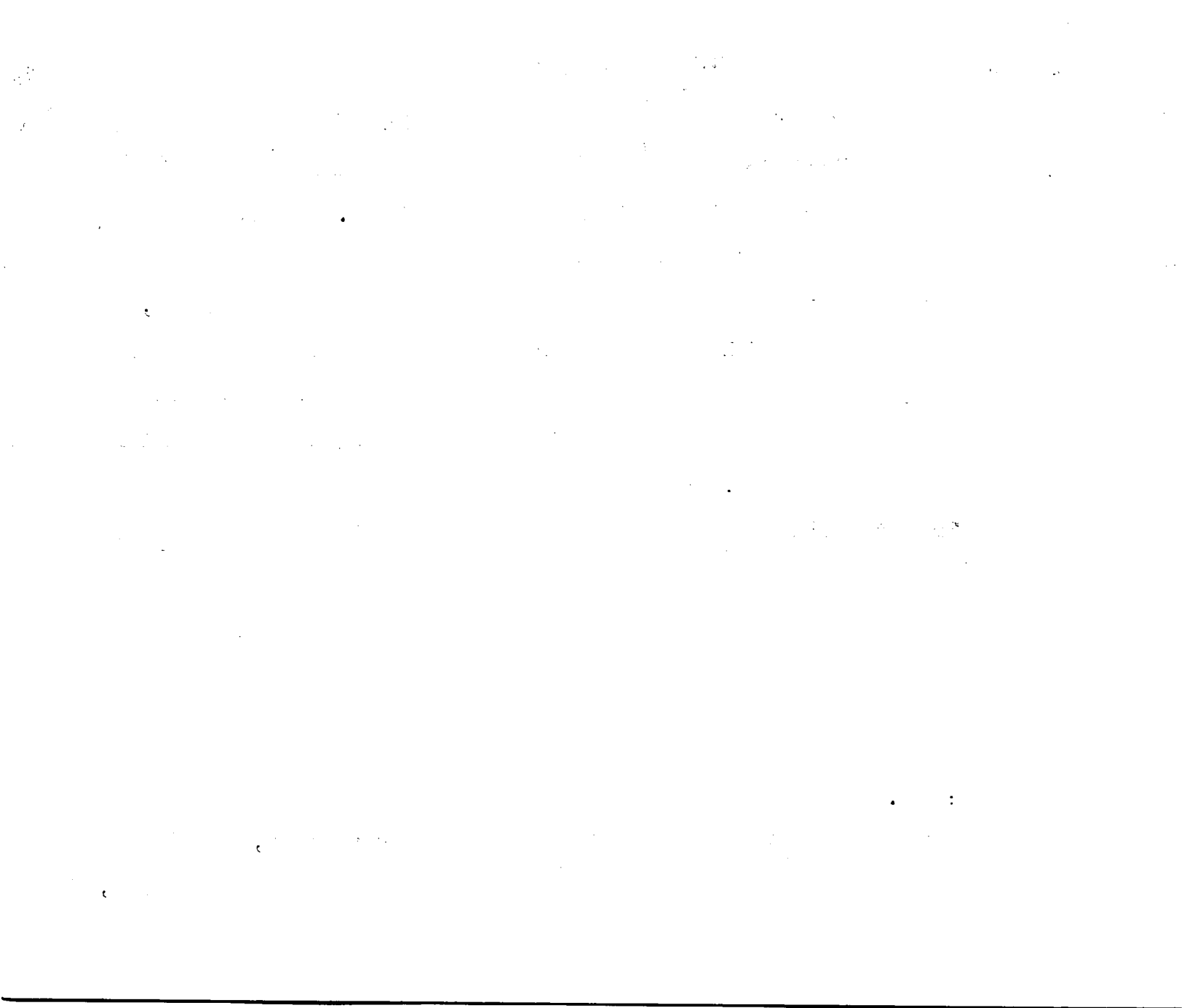
1. PLACE OF STILLBIRTH a. COUNTY <u>ADA</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOISE</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. LUKES HOSPITAL</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>BOISE, IDAHO</u> b. COUNTY <u>ADA</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOISE</u> d. STREET ADDRESS (If rural, give location) <u>3875 CHINDEN BLVD.</u>	
3. CHILD'S NAME (Type or Print) <u>BABY BOY WEAVER</u>			
4. SEX <u>MALE</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>MAY 18, 1958</u>
7. FATHER'S NAME a. (First) <u>S.</u> b. (Middle) <u>L.</u> c. (Last) <u>WEAVER</u>	8. COLOR OR RACE <u>WHITE</u>		
9. AGE (At time of this birth) <u>34</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>LIBERTY, ALABAMA</u>	11a. USUAL OCCUPATION <u>TIRE REPAIR MAN</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>FIRESTONE CO.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>JENA</u> b. (Middle) c. (Last) <u>MOORE</u>	13. COLOR OR RACE <u>WHITE</u>		
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>CULMAN, ALABAMA</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>H. L. Weaver</u>			
18a. LENGTH OF PREGNANCY <u>31</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>1</u> No <u>.....</u> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Not known - Marked swelling of abdomen.</u> 20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Edema - Polyhydramnios.</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>	23a. ATTENDANT'S SIGNATURE <u>Harold Submunden MD</u> (Specify M.D., midwife, or other)		23b. DATE SIGNED <u>5-27-58</u>
	23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Russell G. Kelly</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	25b. DATE <u>MAY 19, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>BERMINGHAM, ALABAMA</u>	(State)
DATE REC'D BY LOCAL REG. <u>5-26-58</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>Russell G. Kelly</u>	ADDRESS <u>318 N. LATAH ST. BOISE, IDAHO</u>

CERTIFICATE OF STILLBIRTH

RECEIVED

 State File No. 061
 Local Reg. No. 312
 Reg. Dist. No. 312

1. PLACE OF STILLBIRTH a. COUNTY Bannock			JUN 10 1958			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho			b. COUNTY Bannock		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello			Bureau of Vital Statistics			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello					
c. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial Hospital						d. STREET ADDRESS (If rural, give location) 137 No. Garfield					
3. CHILD'S NAME (Type or Print) TAMARA JANE FORAN											
4. SEX Female		5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) May 12, 1958					
7. FATHER'S NAME a. (First) Daniel			b. (Middle) Henry			c. (Last) Foran			8. COLOR OR RACE White		
9. AGE (At time of this birth) 33 YEARS		10. BIRTHPLACE (State or foreign country) Athena, Oregon		11a. USUAL OCCUPATION Cook		11b. KIND OF BUSINESS OR INDUSTRY Red Rock Cafe					
12. MOTHER'S MAIDEN NAME a. (First) Mary			b. (Middle) Beth			c. (Last) Payne			13. COLOR OR RACE White		
14. AGE (At time of this birth) 19 YEARS		15. BIRTHPLACE (State or foreign country) Athena, Oregon		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None							
17. INFORMANT Mary Beth Foran											
18a. LENGTH OF PREGNANCY 24 WEEKS		18b. WEIGHT AT BIRTH not done LBS. done OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Feb. 1958							
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)				20a. FETAL CAUSES Unknown							
				20b. MATERNAL CAUSES See next page for details							
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None						22. STATE ALL OPERATIONS FOR DELIVERY None					
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:40 P.m.				23a. ATTENDANT'S SIGNATURE [Signature]				(Specify if M. D., midwife, or other)		23b. DATE SIGNED 5-27-58	
				23c. ATTENDANT'S ADDRESS [Signature]				If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature]	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 5/14/58		25c. NAME OF CEMETERY OR CREMATORY Mountain View				25d. LOCATION (City, town, or county) (State) Pocatello, Idaho			
DATE REC'D BY LOCAL JUN 4 1958		REGISTRAR'S SIGNATURE Mad Jones, Deputy				26. FUNERAL DIRECTOR [Signature]		ADDRESS Pocatello, Idaho			



PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 062

Local Reg. No. 92

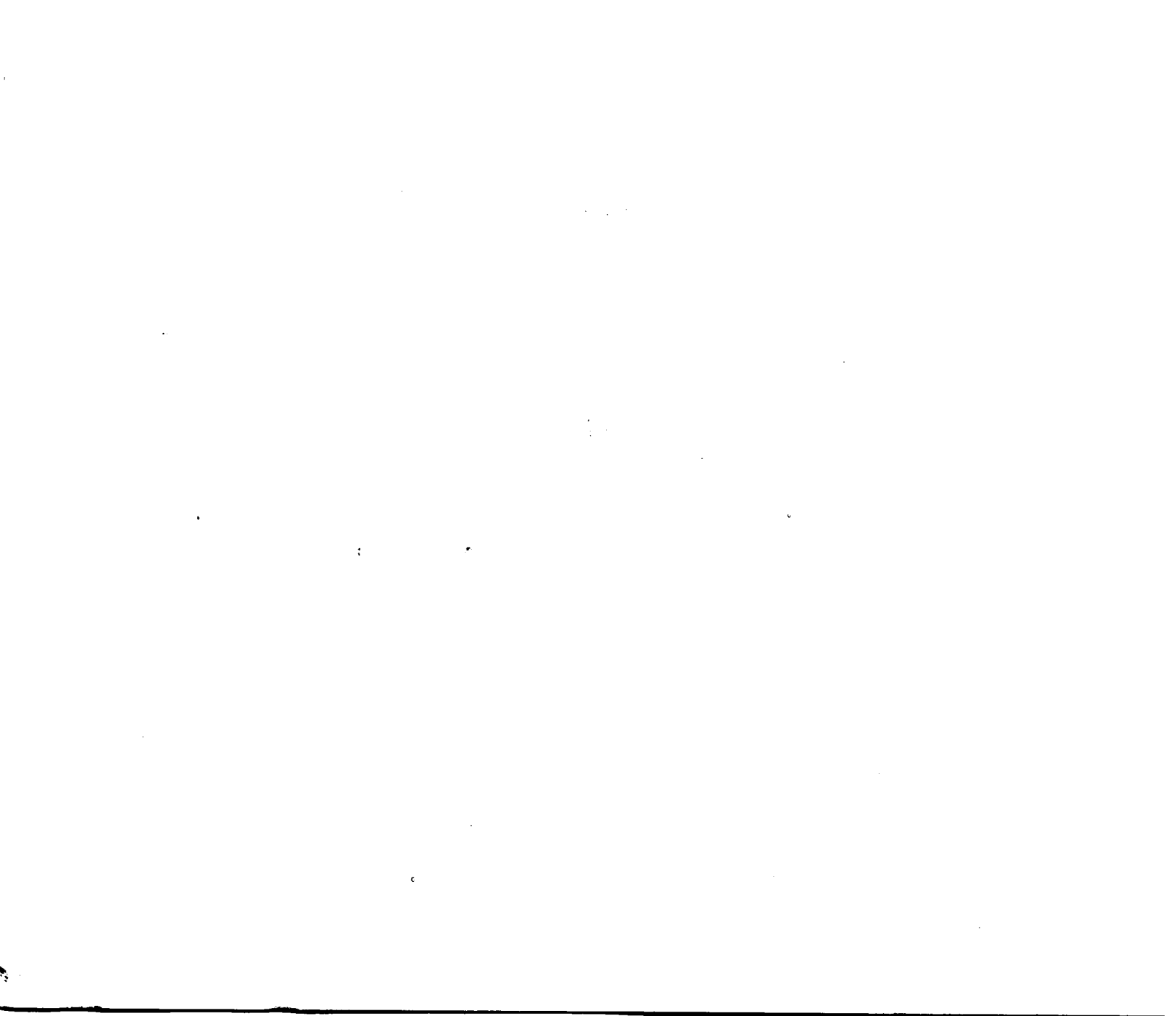
Reg. Dist. No. 6.0.0

1. PLACE OF STILLBIRTH a. COUNTY <u>Bingham</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bingham Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route #2</u>	
3. CHILD'S NAME (Type or Print) <u>Ronald Adams, Jr.</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 5, 1958</u>
7. FATHER'S NAME a. (First) <u>Ronald</u> b. (Middle) c. (Last) <u>Adams</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>19</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Blackfoot, Idaho</u>	11a. USUAL OCCUPATION <u>Truck Driver</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>May</u> b. (Middle) c. (Last) <u>Anderson</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>18</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Moneland, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>May Adams</u> Mother			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>February</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>NOT KNOWN</u>	
		20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3:25 A</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Don P. Adams</u>	
23b. DATE SIGNED <u>May 9, 1958</u>		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Carl Hester</u>		TITLE <u>Blackfoot, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>5-5-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Bingham Memorial Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Blackfoot, Idaho</u>
DATE REC'D BY LOCAL REG. <u>May 12 1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. Evelyn E. Adams</u>	26. FEDERAL DIRECTOR <u>Carl Hester</u> ADDRESS <u>Blackfoot, Idaho</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 053
Local Reg. No. 67
Reg. Dist. No. 116

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonner</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonner</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Sandpoint</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Sandpoint</u> TOWN	
c. FULL NAME OF (If not in hospital or institution, give street address and location) HOSPITAL OR <u>Bonner General Hospital</u> INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Bonner General Hospital</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Montgomery</u>			
4. SEX <u>Boy</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>5-3-58</u>
7. FATHER'S NAME a. (First) <u>Leslie</u> b. (Middle) <u>Montgomery</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>28</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Sheridan, Wyoming</u>	11a. USUAL OCCUPATION <u>unemployed</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>laborer</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Johanna</u> b. (Middle) <u>Vanden Berg</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>35</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>S. Dakota</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Hayden Boone</u>		18a. LENGTH OF PREGNANCY <u>26</u> WEEKS	
18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>10</u> OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>March 17, 1958</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>intra uterine death, cause unknown</u>		20a. FETAL CAUSES <u>intra uterine death, cause unknown</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:02 P. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>M. D. Marienau</u>	
23b. DATE SIGNED <u>6-14-58</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>M. D.</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		25b. DATE <u>6-16-58</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Bonner General Hos.</u>		25d. LOCATION (City, town, or county) (State) <u>Sandpoint Idaho</u>	
DATE REC'D BY LOCAL REG. <u>June 17, 1958</u>		26. FUNERAL DIRECTOR <u>Robert E. Gland</u>	
REGISTRAR'S SIGNATURE <u>Robert E. Gland</u>		ADDRESS <u>Sandpoint, Idaho</u>	

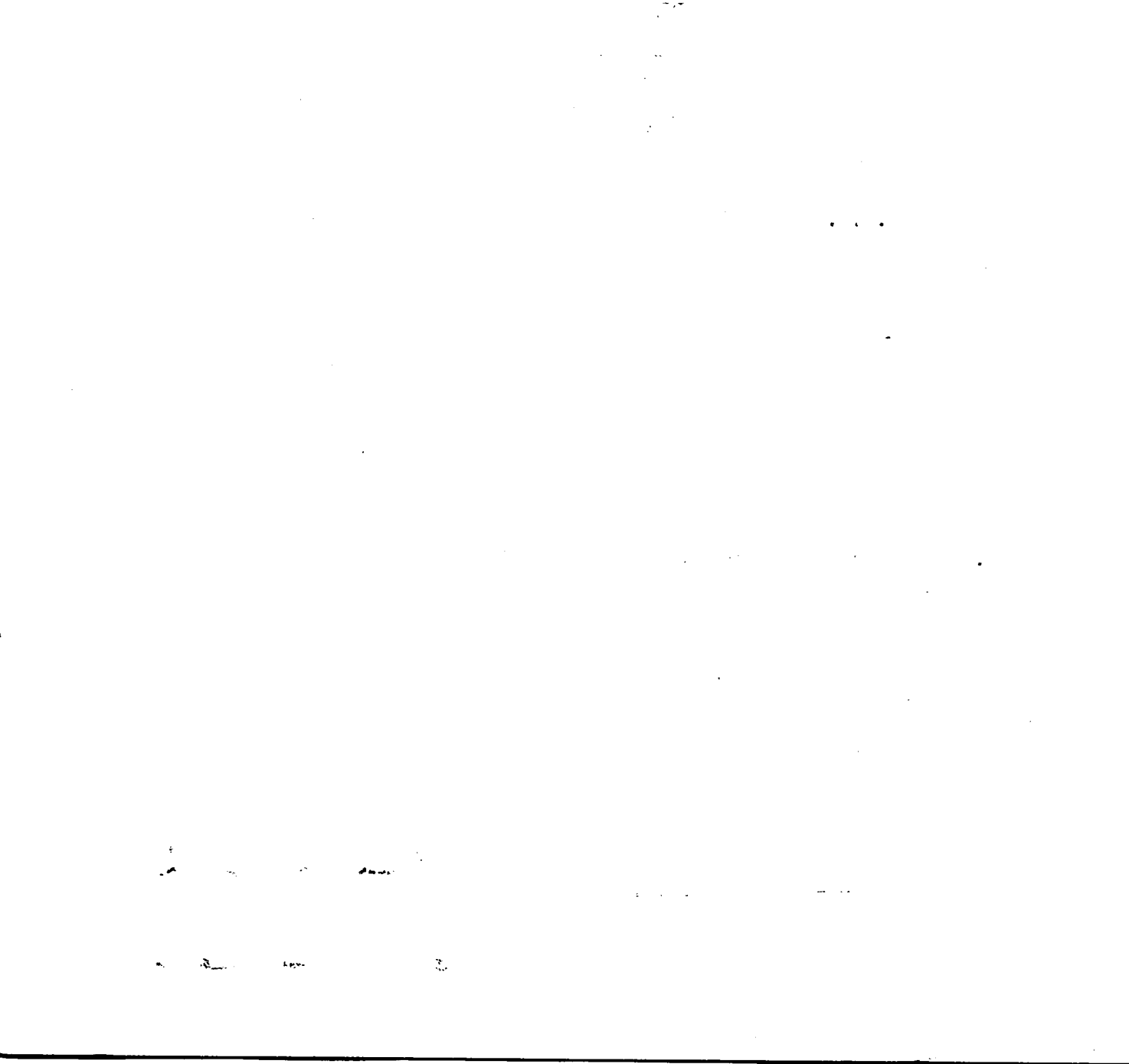


(1968 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **054**
Local Reg. No. **89**
Reg. Dist. No. **610**

RECEIVED
JUN 2 1958
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls, Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls, Idaho	
c. FULL NAME OF HOSPITAL OR INSTITUTION L.D.S. Hospital		d. STREET ADDRESS (If rural, give location) 1465 Juniper	
3. CHILD'S NAME (Type or Print) Crook			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 6 1958
7. FATHER'S NAME a. (First) John b. (Middle) LaSelle c. (Last) Crook		8. COLOR OR RACE White	
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho	11a. USUAL OCCUPATION Patrolman	11b. KIND OF BUSINESS OR INDUSTRY City Police Force
12. MOTHER'S MAIDEN NAME a. (First) Violet b. (Middle) c. (Last) Cox		13. COLOR OR RACE White	
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Shelley, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mrs. John Crook, Mother			
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 9½ OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date March 1958	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown	
		20b. MATERNAL CAUSES Unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Antepartum death of fetus, cause unknown		22. STATE ALL OPERATIONS FOR DELIVERY Normal delivery	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>David H. Smith M.D.</i>	23b. DATE SIGNED 5-21-58
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Honz
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 5-6-58	25c. NAME OF CEMETERY OR CREMATORY L.D.S. Hospital	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. May 28-1958		26. FUNERAL DIRECTOR ADDRESS Honz	



1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho


State File No. 065
Local Reg. No. 3
Reg. Dist. No. 362

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR Nampa	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Mercy Hospital		d. STREET ADDRESS (If rural, give location) 1408 Schley	
3. CHILD'S NAME (Type or Print) Infant Boy Beltz			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 26 1958
7. FATHER'S NAME a. (First) LaVerne b. (Middle) c. (Last) Beltz		8. COLOR OR RACE W	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) North Dakota	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Patricia b. (Middle) c. (Last) Stenshol		13. COLOR OR RACE W	
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country) North Dakota	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT LaVerne J. Beltz			
18a. LENGTH OF PREG-NANCY 31 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Hydrocephalus 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) F. A. Schley M. D. 23c. ATTENDANT'S ADDRESS Nampa, Ida	
23b. DATE SIGNED 5/27/58		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 5-26-58	25c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery	25d. LOCATION (City, town, or county) (State) Nampa Idaho
DATE REC'D BY LOCAL REG. May 30, 1958 Mrs. Jane		26. FUNERAL DIRECTOR ADDRESS Nampa, Idaho ALSIP FUNERAL CHAPEL 404-10 Ave. So.	

(1919 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho
Bureau of Vital Statistics

State File No. **066**
Local Reg. No. **2**
Reg. Dist. No. **520-521**

1. PLACE OF STILLBIRTH a. COUNTY Caribou		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Caribou	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Soda Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grace	
c. FULL NAME OF HOSPITAL OR INSTITUTION Caribou Co Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Munk			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 18 1958
7. FATHER'S NAME a. (First) Jesse b. (Middle) Kenneth c. (Last) Munk		8. COLOR OR RACE white	
9. AGE (At time of this birth) 44 YEARS	10. BIRTHPLACE (State or foreign country) Monte, Utah	11a. USUAL OCCUPATION mechanic	11b. KIND OF BUSINESS OR INDUSTRY Chemical
12. MOTHER'S MAIDEN NAME a. (First) Loris b. (Middle) Ellen c. (Last) Steed		13. COLOR OR RACE white	
14. AGE (At time of this birth) 40 YEARS	15. BIRTHPLACE (State or foreign country) Charfield, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 7 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? One	
17. INFORMANT Loris Munk			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 3 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Undetermined	
		20b. MATERNAL CAUSES Undetermined	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Hypertension - last trimester		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:12 P. m.		23a. ATTENDANT'S SIGNATURE Russell J. J. J. J.	23b. DATE SIGNED 6-1-58
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) 18 May 1958	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State) Soda Springs
DATE REC'D BY LOCAL REG. 5-23-58		REGISTRAR'S SIGNATURE Clarence McEntire	26. FUNERAL DIRECTOR ADDRESS Ed Whitman

JUN 26 2018 

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH

State File No. 057
Local Reg. No. 3
Reg. Dist. No. 522-521

1. PLACE OF STILLBIRTH a. COUNTY <u>Beaver Lake</u> b. CITY OR TOWN <u>Beaver Lake</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carbon County Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Beaver Lake</u> c. CITY OR TOWN <u>Bozeman Idaho</u> d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Stoddard</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 23 1958</u>
7. FATHER'S NAME a. (First) <u>Carl</u> b. (Middle) <u>Emmett</u> c. (Last) <u>Stoddard</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>39</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Bozeman Idaho</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Elsie</u> b. (Middle) <u>Dorothy</u> c. (Last) <u>Gray</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>34</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Nowich England</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>7</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>5 months ago</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>	
		20b. MATERNAL CAUSES <u>Unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:15 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Allen H. T. gent M. D.</u>	23b. DATE SIGNED <u>5-31-58</u>
23c. ATTENDANT'S ADDRESS <u>500 S. Spruce</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL (If NOT attended by physician)	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>May 23 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Bozeman Idaho Bozeman Idaho</u>	25d. LOCATION (City, town, or county) (State) <u>Bozeman Idaho</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>Thames M. Gentry</u>	26. FUNERAL DIRECTOR <u>W. Matthews Northridge</u>	ADDRESS

RECEIVED (1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

MAY 22 1958 State of Idaho

State File No. 068
Local Reg. No. 49
Reg. Dist. No. 210

1. PLACE OF STILLBIRTH a. COUNTY <u>Clearwater</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Orofino</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Clearwater Valley Hosp.</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Clearwater</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Ahsahka</u> d. STREET ADDRESS (If rural, give location) <u>Rural, Ahsahka</u>	
3. CHILD'S NAME ((Type or Print)) <u>Rebecca Jean Lear</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 12, 1958</u>
7. FATHER'S NAME a. (First) <u>William</u> b. (Middle) <u>Collins</u> c. (Last) <u>Lear Jr.</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Winthrop, Washington</u>	11a. USUAL OCCUPATION <u>Saw filer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Lumbering</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Stella</u> b. (Middle) <u>Stewart</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Lapwai Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Two</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>X W. C. Lear Jr.</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>not weighed</u> LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date <u>October 17, 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Blood Rh factor incompatibility between mother and fetus.</u>	
20b. MATERNAL CAUSES <u>fetus.</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:45</u> p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Harold N. Stiles, M. D.</u>	23b. DATE SIGNED <u>5-14-58</u>
		23c. ATTENDANT'S ADDRESS <u>Orofino, Idaho</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE <u>P. E. Gilbert</u> <u>Orofino</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>May 14, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Orofino, Idaho</u>
DATE REC'D BY LOCAL REG. <u>May 19, 1958</u>	REGISTRAR'S SIGNATURE <u>Frank Zeller</u>	26. FUNERAL DIRECTOR <u>P. E. Gilbert</u>	ADDRESS <u>Orofino</u>

1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 069
Local Reg. No. 57
Reg. Dist. No. 200

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u>	
b. CITY OR TOWN <u>Moscow</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gritman Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>514 1/2 S. Asbury</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Downen</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 8, 1958</u>
7. FATHER'S NAME a. (First) <u>Donald</u> b. (Middle) <u>Edward</u> c. (Last) <u>Downen</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Washington</u>	11a. USUAL OCCUPATION <u>Student</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U. of I</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Geraldine</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Fountain</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Washington</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>one</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Donald E. Downen</u>			
18a. LENGTH OF PREGNANCY <u>25</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u> </u> OZS. <u> </u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>November, 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>unknown</u>	
		20b. MATERNAL CAUSES <u>unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Hysterectomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>8:10 a. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>D. E. Adams, M.D.</u>	
		23b. DATE SIGNED <u>5/10/58</u>	
23c. ATTENDANT'S ADDRESS <u>Moscow, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>5/8/58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>(To pathologist)</u>	25d. LOCATION (City, town, or county) (State) <u>Lewiston, Idaho</u>
DATE REC'D BY LOCAL REG. <u>5/14/58</u>	REGISTRAR'S SIGNATURE <u>Lain E. Steady</u>	26. FUNERAL DIRECTOR ADDRESS	

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1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

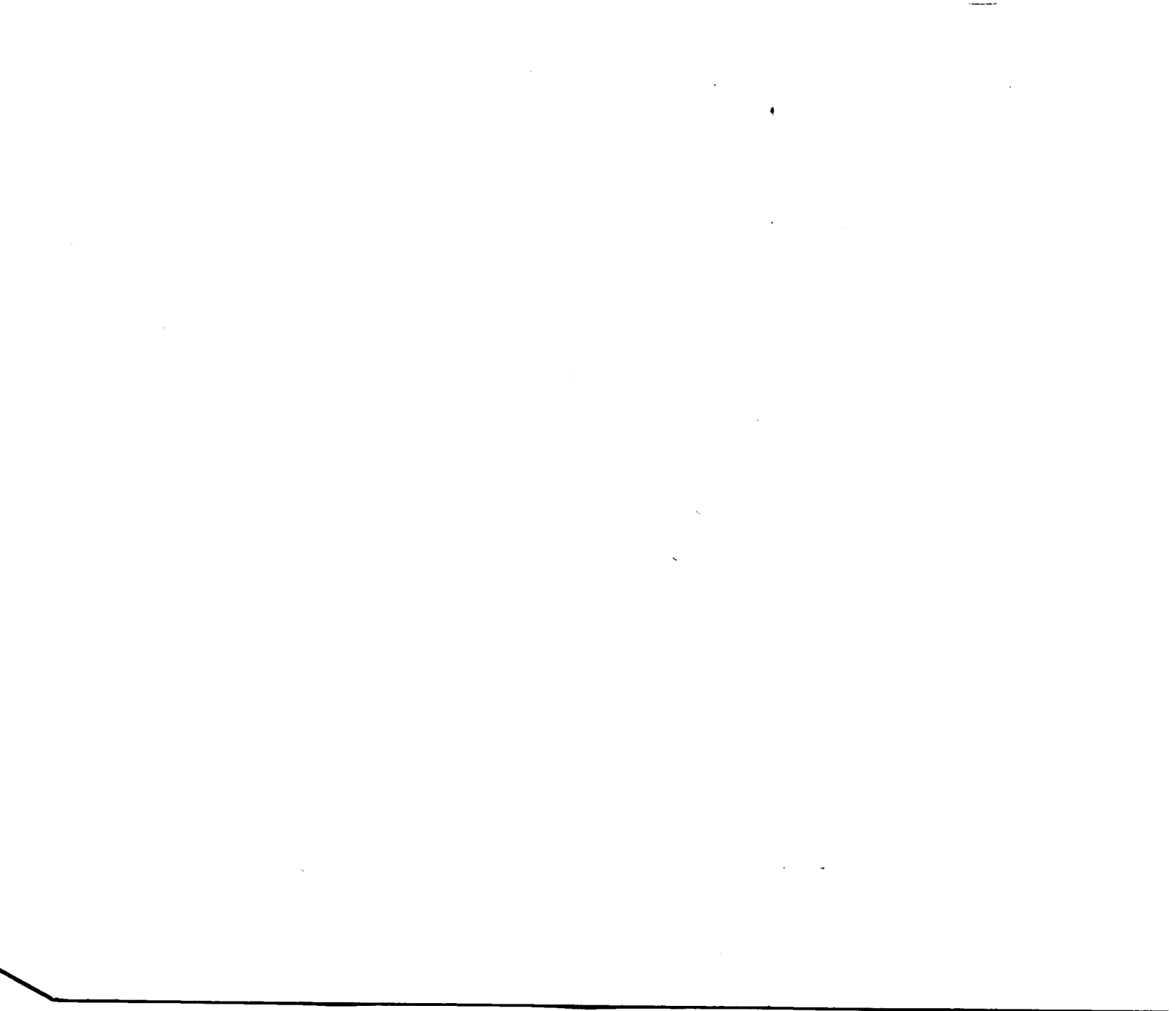
State File No. 070

Local Reg. No. 58

Reg. Dist. No. 200

MAY 23 1958

1. PLACE OF STILLBIRTH a. COUNTY Latah b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOSCOW c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Gritman Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Latah c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kendrick d. STREET ADDRESS (If rural, give location) Kendrick, Idaho	
3. CHILD'S NAME (Type or Print) Johnny Lee Bovencamp			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 14 1958
7. FATHER'S NAME a. (First) William b. (Middle) E. c. (Last) Bovencamp		8. COLOR OR RACE White	
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Troy, Idaho	11a. USUAL OCCUPATION Edgerman, Saw Mill	11b. KIND OF BUSINESS OR INDUSTRY Saw Mill Laborer
12. MOTHER'S MAIDEN NAME a. (First) Patricia b. (Middle) c. (Last) Grayson		13. COLOR OR RACE White	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Southwick, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT L. E. Rasmussen Kendrick, Idaho			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Placenta very small. Baby dead several days.	
20b. MATERNAL CAUSES None			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:10 p. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) D. Christensen M.D. 23c. ATTENDANT'S ADDRESS Kendrick, Idaho	
		23b. DATE SIGNED May 17, 1958 24. SIGNATURE OF AUTHORIZED OFFICIAL E. R. Short TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 5-17-1958	25c. NAME OF CEMETERY OR CREMATORY Moscow City Cemetery	25d. LOCATION (City, town, or county) (State) Moscow, Idaho
DATE REC'D BY LOCAL REG. 5/20/58	REGISTRAR'S SIGNATURE L. E. Rasmussen	26. FUNERAL DIRECTOR E. R. Short ADDRESS Moscow, Idaho	



(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
MAY 21 1958 **State of Idaho**

State File No. 071
Local Reg. No. 17
Reg. Dist. No. 150

1. PLACE OF STILLBIRTH a. COUNTY <u>Minidoka</u> <i>Division of Vital Statistics</i> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rupert</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rupert General Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Minidoka</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rupert</u> d. STREET ADDRESS (If rural, give location) <u>906 G Street</u>		
3. CHILD'S NAME ((Type or Print)) <u>Stillborn Infant Girl</u> <i># /</i>					
4. SEX <u>Female</u>		5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 6. DATE OF STILLBIRTH (Month) (Day) (Year) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/> <u>May 6 1958</u>	
7. FATHER'S NAME a. (First) <u>Carl John Williams</u> b. (Middle) c. (Last)			8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>36</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Pocatello Idaho</u>		11a. USUAL OCCUPATION <u>Refrigerator Mechanic</u> 11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME <u>Dona</u> a. (First) b. (Middle) c. (Last)			13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>35</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Cascade Montana</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>6</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT					
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS		18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>0</u> OZS.		19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None Known</u>			
		20b. MATERNAL CAUSES <u>None Known</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Obesity</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>G F Dally M D</u>		23b. DATE SIGNED	
		23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
		If NOT attended by physician		(State)	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>May 7 1958</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Rupert Cemetery</u> 25d. LOCATION (City, town, or county) <u>Rupert Idaho</u> (State)	
DATE REC'D BY LOCAL REG. <u>5-15-58</u>		REGISTRAR'S SIGNATURE <u>Mary Ellen Carlson</u>		26. FUNERAL DIRECTOR ADDRESS <u>Robert C "alk Rupert Idaho</u>	

100

RECEIVED (1948 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
MAY 21 1958 State of Idaho

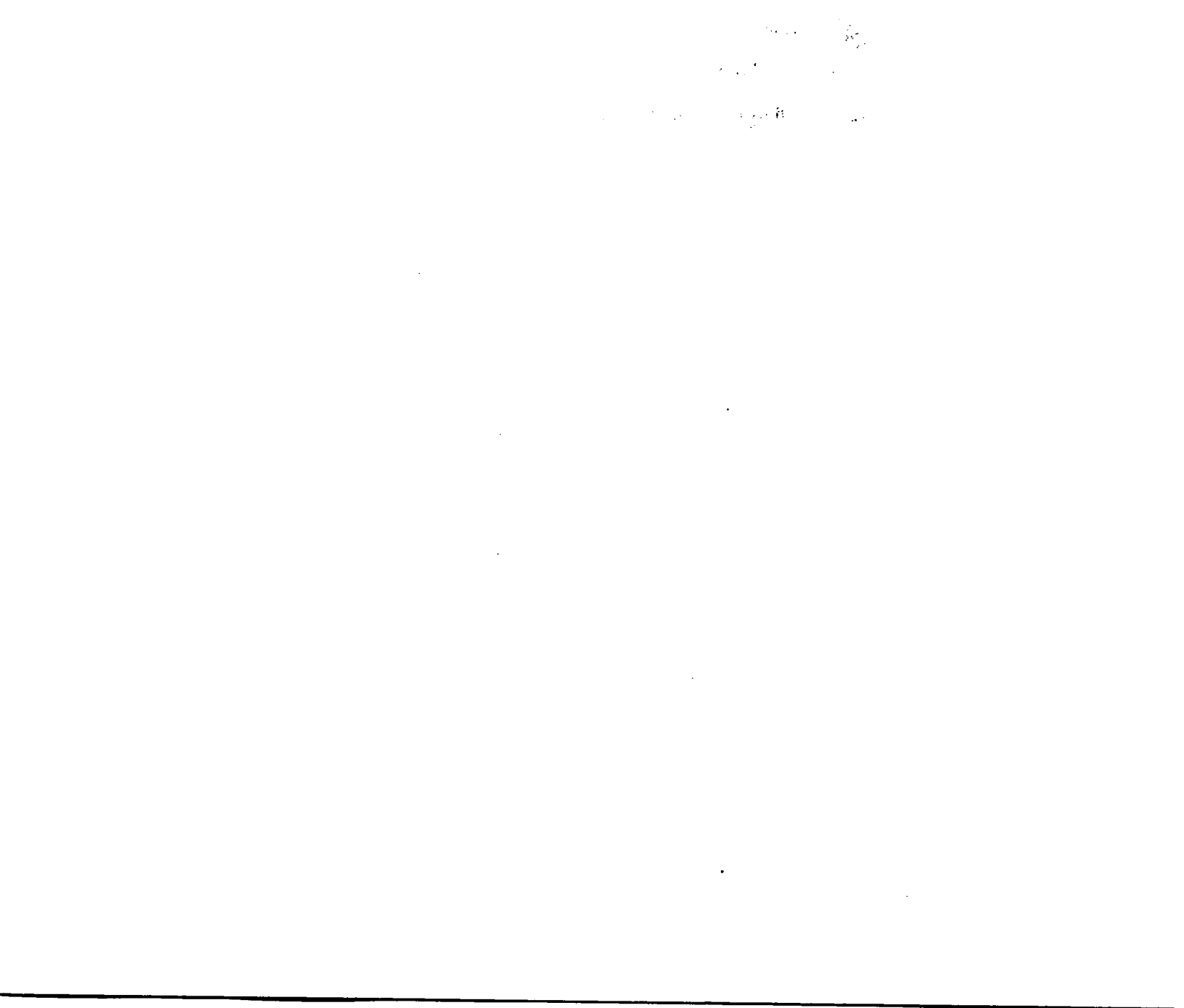
State File No. 072
Local Reg. No. 28
Reg. Dist. No. 4.22

1. PLACE OF STILLBIRTH a. COUNTY <u>Minidoka</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Minidoka</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rupert</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rupert</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rupert General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>906 G Street</u>	
3. CHILD'S NAME (Type or Print) <u>Stillborn Infant Girl #2</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 6 1958</u>
7. FATHER'S NAME a. (First) <u>Carl John Williams</u>		b. (Middle) c. (Last)	
8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>36</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Pocatello</u>	11a. USUAL OCCUPATION <u>Refrigerator Mechanic</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Dona</u>		b. (Middle) c. (Last) <u>Waters</u>	
13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>35</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Cascade Montana</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>6</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None known</u>	
		20b. MATERNAL CAUSES <u>None known</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Obesity</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>A. J. Dallen M.D.</u>	
23b. DATE SIGNED <u>5/7/58</u>		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>May 7 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rupert Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Rupert Idaho</u>
DATE REC'D BY LOCAL REG. <u>5-15-58</u>	REGISTRAR'S SIGNATURE <u>Mary Ellen Carlson</u>	26. FUNERAL DIRECTOR ADDRESS <u>Robert C walk Rupert Idaho</u>	

RECEIVED
(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
MAY 21 1958 State of Idaho

State File No. **073.**
Local Reg. No. **31**
Reg. Dist. No. **4.52**

1. PLACE OF STILLBIRTH a. COUNTY Minidoka		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Texas b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rupert		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mercedes	
c. FULL NAME OF HOSPITAL OR INSTITUTION Minidoka County Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Stillborn infant boy (Twin)			
4. SEX Male	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 16 1958
7. FATHER'S NAME a. (First) Andres Hernandez b. (Middle) c. (Last)			8. COLOR OR RACE Mexican
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Mercedes Texas	11a. USUAL OCCUPATION Arm Laborer	11b. KIND OF BUSINESS OR INDUSTRY Agriculture
12. MOTHER'S MAIDEN NAME a. (First) Genovebo Huerrero b. (Middle) c. (Last)			13. COLOR OR RACE Mexican
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Mexico	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? one b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT			
18a. LENGTH OF PREGNANCY 20 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 5 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <i>Premature rupture of membranes.</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Rupture of Membranes. Prematurity.</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE <i>E. M. Antelope MD</i> (Specify if M. D., midwife, or other)	23b. DATE SIGNED 5/16/58
23c. ATTENDANT'S ADDRESS <i>Rupert, Idaho</i>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE May 16 1958	25c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery	25d. LOCATION (City, town, or county) (State) Rupert Idaho
DATE REC'D BY LOCAL REG. 5-19-58	REGISTRAR'S SIGNATURE <i>Mary Ellen Carlson R.N.</i>	26. FUNERAL DIRECTOR ADDRESS Robert C Walk Rupert Idaho	



RECEIVED
(Official Edition of Standard Certificate)
CERTIFICATE OF STILLBIRTH
MAY 21 1958 State of Idaho

State File No.
Local Reg. No. 32072
Reg. Dist. No. 450

1. PLACE OF STILLBIRTH a. COUNTY <u>Minidoka</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Texas</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rupert</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mercedes</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Minidoka County Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Stillborn infant boy (Twin)</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 16 1958</u>
7. FATHER'S NAME a. (First) <u>Andres Hernandez</u> b. (Middle) c. (Last)			8. COLOR OR RACE <u>Mexican</u>
9. AGE (At time of this birth) <u>34</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Mercedes Texas</u>	11a. USUAL OCCUPATION <u>farm laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>
12. MOTHER'S MAIDEN NAME <u>Genovebo Guerrero</u>			13. COLOR OR RACE <u>Mexican</u>
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Mexico</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>one</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT			
18a. LENGTH OF PREGNANCY <u>20</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>12</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature Rupture of Membranes</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>Rupert</u> m.		23a. ATTENDANT'S SIGNATURE <u>G. J. Matindale</u> 23c. ATTENDANT'S ADDRESS <u>Rupert, Idaho</u>	23b. DATE SIGNED <u>5/14/58</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Dr. J.</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>May 16 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rupert Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Rupert Idaho</u>
DATE REC'D BY LOCAL REG. <u>5-19-58</u>		26. FUNERAL DIRECTOR <u>Robert C Walk</u> ADDRESS <u>Rupert Idaho</u>	
REGISTRAR'S SIGNATURE <u>Mary Ellen Carlson</u>			

(Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

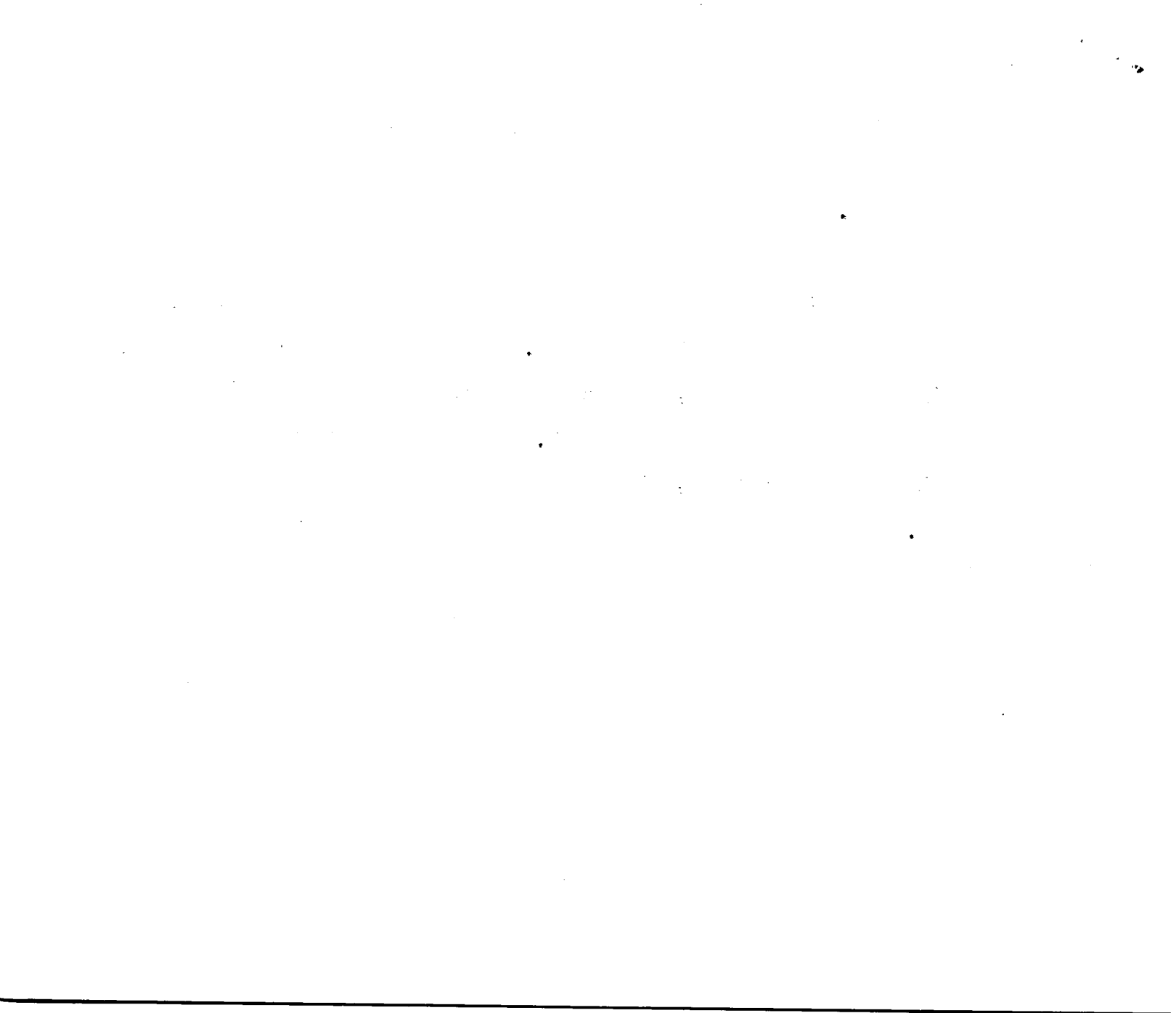
State File No. **075**
Local Reg. No. **52**
Reg. Dist. No. **142**

1. PLACE OF STILLBIRTH a. COUNTY Shoshone		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Shoshone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kellogg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kellogg	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wardner Hospital		d. STREET ADDRESS (If rural, give location) 644 South Division	
3. CHILD'S NAME (Type or Print) Baby Girl Clark			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 25 1958
7. FATHER'S NAME a. (First) William b. (Middle) J c. (Last) Clark		8. COLOR OR RACE white	
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION Logger	11b. KIND OF BUSINESS OR INDUSTRY Lumber
12. MOTHER'S MAIDEN NAME a. (First) Vivian b. (Middle) c. (Last) Clark		13. COLOR OR RACE white	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Leavenworth Washington	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 2 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT William J. Clark Kellogg			
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date 2/7/58	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Stillbirth (cause undet.)	
		20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:05 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Har. J. Whitaker M.D.	
		23b. DATE SIGNED June 5 1958	
23c. ATTENDANT'S ADDRESS 1000		24. SIGNATURE OF AUTHORIZED OFFICIAL Gant M. Glad	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE May 29, 1958	
25c. NAME OF CEMETERY OR CREMATORY Greenwood		25d. LOCATION (City, town, or county) (State) Kellogg Idaho	
DATE REC'D BY LOCAL REG. 6-11-58		26. FUNERAL DIRECTOR ADDRESS 1000	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **076**
Local Reg. No. **32**
Reg. Dist. No. **570**

1. PLACE OF STILLBIRTH a. COUNTY Bannock b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello d. STREET ADDRESS (If rural, give location) 340 South 2nd	
3. CHILD'S NAME ((Type or Print)) Laurene Stiggers			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 22 58
7. FATHER'S NAME a. (First) Nathaniel b. (Middle) B. c. (Last) Stiggers		8. COLOR OR RACE Negro	
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) Brighton, Alabama	11a. USUAL OCCUPATION Furnace Tapper	11b. KIND OF BUSINESS OR INDUSTRY Westvaco
12. MOTHER'S MAIDEN NAME a. (First) Ruth b. (Middle) L. c. (Last) Willis		13. COLOR OR RACE Negro	
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Greenwood, Miss	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Ruth L. Willis Stiggers Mother			
18a. LENGTH OF PREGNANCY 34 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES Abruptio Placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Same		22. STATE ALL OPERATIONS FOR DELIVERY 	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>Ralph B. Neagle</i>	23b. DATE SIGNED 7-4-58
23c. ATTENDANT'S ADDRESS <i>Pocatello, Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>[Signature]</i>	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. JUL 14 1958	REGISTRAR'S SIGNATURE <i>Max Jones, Deputy</i>		26. FUNERAL DIRECTOR ADDRESS



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
F, State of Idaho

State File No. **077**
Local Reg. No. **148**
Reg. Dist. No. **610**

1. PLACE OF STILLBIRTH a. COUNTY Bonneville Bureau Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls, Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls, Idaho	
c. FULL NAME OF HOSPITAL OR INSTITUTION Idaho Falls L.D.S.		d. STREET ADDRESS (If rural, give location) 391 Basalt Street	
3. CHILD'S NAME (Type or Print)			
4. SEX girl	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 18, 1958
7. FATHER'S NAME a. (First) b. (Middle) c. (Last)			8. COLOR OR RACE
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Lucille b. (Middle) Helene c. (Last) Severson			13. COLOR OR RACE white
14. AGE (At time of this birth) 39 YEARS	15. BIRTHPLACE (State or foreign country) Coltman, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT <i>Lucille Helene Severson</i>			
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 5 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No. X Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES Placenta previa	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Dorstan H. Baker M.D.</i>		23b. DATE SIGNED 5-21-58
	23c. ATTENDANT'S ADDRESS <i>Idaho Falls, Idaho</i>	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Bland Giddings, M.D., Pathologist
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 6-4-58	25c. NAME OF CEMETERY OR CREMATORY L.D.S. Hospital	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. July 18-1958		REGISTRAR'S SIGNATURE <i>Luna Budge</i>	

RECEIVED State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u> JUN 26 1958			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls, Idaho</u> Vital Statistics			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls, Idaho</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latter Day Saint Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1369 Mound</u>		
3. CHILD'S NAME (Type or Print) <u>Loueday</u>					
4. SEX <u>Boy</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 1 1958</u>		
7. FATHER'S NAME a. (First) <u>Ralph</u> b. (Middle) <u>W</u> c. (Last) <u>Loveday</u>			8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Student Nurse</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Latter Day Saint Hosp.</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Dorothy</u> b. (Middle) <u>Jean</u> c. (Last) <u>Morrow</u>			13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Ririe, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>			
17. INFORMANT <u>Mrs. Ralph Loveday, Mother</u>					
18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>April</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Hydrocephalus</u> 20b. MATERNAL CAUSES <u>none</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>albuminuria</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:40 a.m.</u>		23a. ATTENDANT'S SIGNATURE <u>Asa Hall, M.D.</u>		23b. DATE SIGNED <u>6-4-58</u>	
		23c. ATTENDANT'S ADDRESS <u>Rigby, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>none</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>June 1, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>L.D.S. Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls, Idaho</u>		
DATE REC'D BY LOCAL REG. <u>June 19-1958</u>		REGISTRAR'S SIGNATURE <u>Anna Budger</u>		26. FUNERAL DIRECTOR <u>none</u>	

(1949 Revision of Standard Certificate)

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Bureau of Vital Statistics
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 121

Reg. Dist. No. 610

079

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelley, Idaho	
c. FULL NAME OF (If not in hospital or institution, give street address and location) HOSPITAL OR INSTITUTION L.D.S. Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Dredge			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 1 1958
7. FATHER'S NAME a. (First) Doyle b. (Middle) Vernon c. (Last) Dredge		8. COLOR OR RACE White	
9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) Shelley, Idaho	11a. USUAL OCCUPATION Equipment Operator	11b. KIND OF BUSINESS OR INDUSTRY A. E. G.
12. MOTHER'S MAIDEN NAME a. (First) Barbara b. (Middle) c. (Last) Holland		13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Shelley, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 5 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Doyle D. Dredge</i>			
18a. LENGTH OF PREGNANCY 25 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 7 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 12-1-57. (Mother)	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Small Placenta. ? Mother's medication		20a. FETAL CAUSES 20b. MATERNAL CAUSES Thyroiditis, Carditis, Pericarditis - on Cortisone & Prophythimide	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>A. E. Holland</i> 23c. ATTENDANT'S ADDRESS Idaho Falls	
23b. DATE SIGNED 6-17-58		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Harry L. Walker</i> TITLE Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 6-3-58	25c. NAME OF CEMETERY OR CREMATORY Hill Crest	25d. LOCATION (City, town, or county) (State) Shelley, Bingham Idaho
DATE REC'D BY LOCAL REG. June 28-1958		26. FUNERAL DIRECTOR <i>Harry L. Walker</i> ADDRESS Shelley, Idaho	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 080.
Local Reg. No. E/22
Reg. Dist. No. 612

1. PLACE OF STILLBIRTH a. COUNTY <u>Donnerville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Donnerville</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Idaho Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>LDS Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Butterworth</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 2-1958</u>
7. FATHER'S NAME a. (First) <u>Rodney L.</u> b. (Middle) <u>Butterworth</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>20</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Newdale - Idaho</u>	
11a. USUAL OCCUPATION <u>Laborer</u>		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) <u>Lenore</u> b. (Middle) <u>Kae</u> c. (Last) <u>Packer</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>18</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Preston - Idaho</u>	
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>—</u> b. How many children were born alive but are now dead? <u>—</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>—</u>			
17. INFORMANT			
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.	
19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Approximate date <u>Dec 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None</u> 20b. MATERNAL CAUSES <u>Placenta Abruption</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Placenta Abruption</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>Donnerville</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Robert H. Smith, M.D.</u> 23c. ATTENDANT'S ADDRESS	
23b. DATE SIGNED <u>6-16-58</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Leo A. Williams</u> TITLE	
25a. BURIAL OR CREMATION, REMOVAL (Specify)	25b. DATE <u>June 3, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cedar Butte</u>	25d. LOCATION (City, town, or county) (State) <u>Annis - Idaho</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>June 27-1958</u> <u>Luma Budjen</u>		26. FUNERAL DIRECTOR <u>Leo A. Williams</u> ADDRESS <u>Idaho Falls</u>	

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

081

Local Reg. No. 61

Reg. Dist. No. 210

1. PLACE OF BIRTH (Vital Statistics) a. COUNTY Clearwater		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Orofino		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kamiah	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Clearwater Valley Hosp.		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) TOMMY LLOYD ROSS			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 16, 1958
7. FATHER'S NAME a. (First) Edward b. (Middle) L. c. (Last) Ross		8. COLOR OR RACE White	
9. AGE (At time of this birth) 45 YEARS	10. BIRTHPLACE (State or foreign country) Minn.	11a. USUAL OCCUPATION Logger	11b. KIND OF BUSINESS OR INDUSTRY Lumbering
12. MOTHER'S MAIDEN NAME a. (First) Ada b. (Middle) Mae c. (Last) Bearden		13. COLOR OR RACE White	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Alabama	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 6 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT E. L. Ross Kamiah, Idaho			
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May 1958	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES anoxia secondary to maternal causes	
		20b. MATERNAL CAUSES Bleeding from low lying placenta during 7th month	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Intermittent hemorrhage during 7th month		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:45p m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Robert M. Connell, M.D.	
23b. DATE SIGNED 6-18-58		23c. ATTENDANT'S ADDRESS Orofino, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 6-18-1958	25c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	25d. LOCATION (City, town, or county) (State) Orofino Idaho
DATE REC'D BY LOCAL REG. June 20, 1958		26. FUNERAL DIRECTOR Hazel L. Williams, Dep. Gilbert's Funeral Chapel	

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

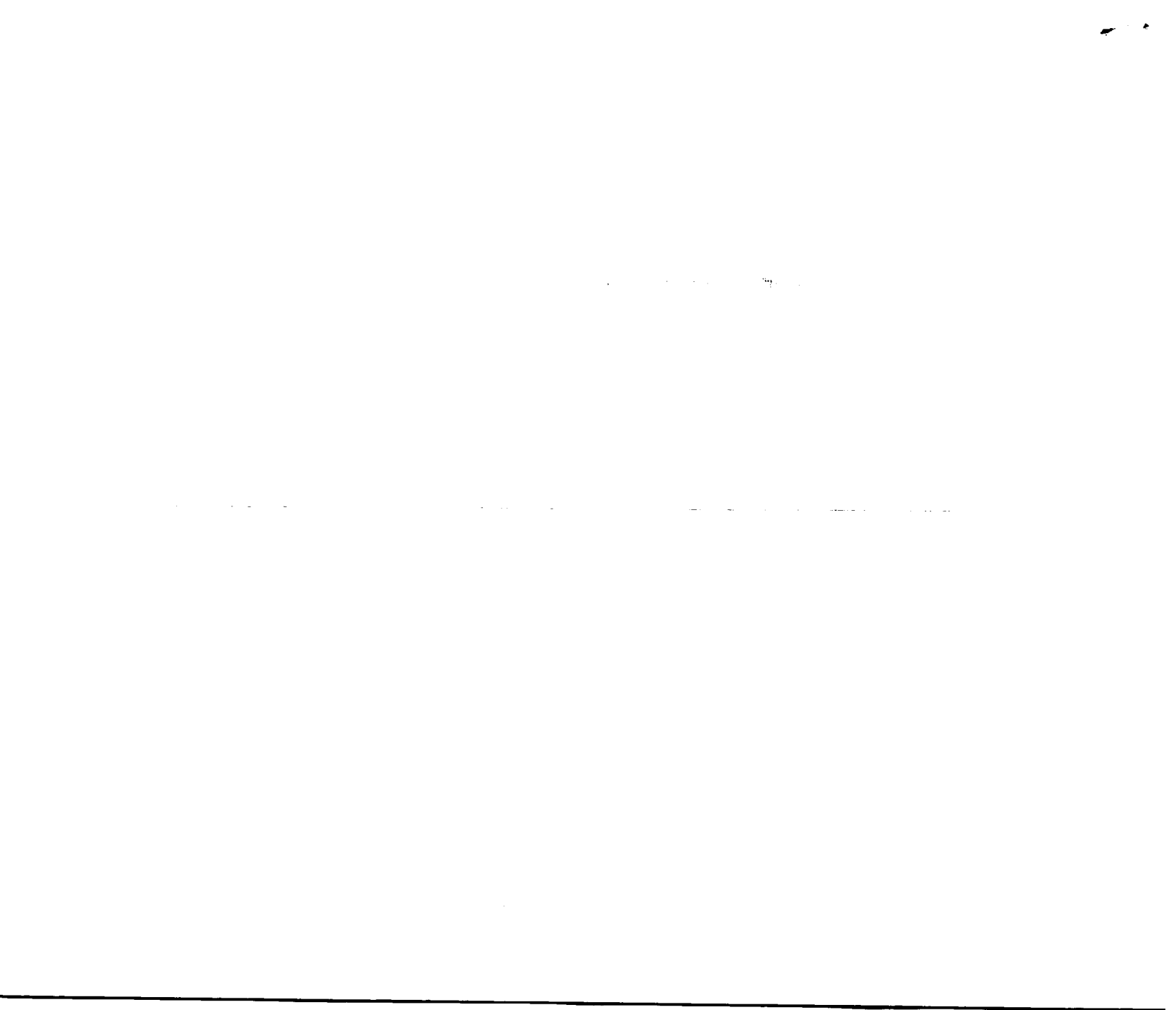
State of Idaho

State File No. 082

Local Reg. No. 66

Reg. Dist. No. 210

1. PLACE OF STILLBIRTH a. COUNTY Clearwater		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Clearwater	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pierce		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pierce	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) David Allen Fortin			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 18, 1958
7. FATHER'S NAME a. (First) Alvin b. (Middle) L. c. (Last) Fortin		8. COLOR OR RACE White	
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Kansas	11a. USUAL OCCUPATION Sawmill laborer	11b. KIND OF BUSINESS OR INDUSTRY Lumbering
12. MOTHER'S MAIDEN NAME a. (First) Arlene b. (Middle) Riley c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 2	
17. INFORMANT Alvin L. Fortin			
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH ? LBS. ? OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES ?	
		20b. MATERNAL CAUSES Premature labor	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None - Premature		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:15 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) W.D. Pierce M.D.	
23b. DATE SIGNED 6/23/58		23c. ATTENDANT'S ADDRESS Lewiston Ida	
23d. SIGNATURE OF AUTHORIZED OFFICIAL M.E. Gilbert		23e. TITLE Gilbert's Funeral Chapel	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 6-23-58	25c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	25d. LOCATION (City, town, or county) (State) Orofino Idaho
DATE REC'D BY LOCAL REG. June 27, 1958		26. FUNERAL DIRECTOR Gilbert's Funeral Chapel	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

083
State File No.
Local Reg. No. 50
Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH a. COUNTY <u>Gem</u> <u>1958</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u> <u>Statistics</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary Secor Hosp.</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gem</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montour</u> d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Drake</u>			
4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 27 1958</u>
7. FATHER'S NAME a. (First) <u>Dell</u> b. (Middle) <u>A.</u> c. (Last) <u>Drake</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rexburg Idaho</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Betty</u> b. (Middle) <u>Lou</u> c. (Last) <u>Pennington</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Colorado</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Dell A. Drake</u>			
18a. LENGTH OF PREGNANCY <u>21</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Pul atelectasis</u> 20b. MATERNAL CAUSES <u>Premature sep of placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>M. D.</u> 23c. ATTENDANT'S ADDRESS <u>107 N. Comm, Emmett, Idaho</u> If NOT attended by physician	
23b. DATE SIGNED <u>6-30-58</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>The Betty Chapel</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>June 28, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Sweet Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Sweet Idaho</u>
DATE REC'D BY LOCAL REG. <u>June 30, 1958</u>	REGISTRAR'S SIGNATURE <u>John A. Beatty</u>	26. FUNERAL DIRECTOR <u>The Betty Chapel</u> ADDRESS	

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49 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. **084**
Local Reg. No. **37**
Reg. Dist. No. **240**

1. PLACE OF STILLBIRTH a. COUNTY Idaho		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grangeville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stites	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General		d. STREET ADDRESS (If rural, give location) Stites	
3. CHILD'S NAME (Type or Print) TERESA DEAN MANES			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) June (Day) 7 (Year) 1958
7. FATHER'S NAME a. (First) Dean b. (Middle) c. (Last) Manes		8. COLOR OR RACE White	
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Stites	11a. USUAL OCCUPATION Logger	11b. KIND OF BUSINESS OR INDUSTRY Lumber
12. MOTHER'S MAIDEN NAME a. (First) Patrica b. (Middle) c. (Last) Anderson		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Burley, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Dean R. Manes			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES PROLAPSED UMBILICAL CORD	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR NONE		22. STATE ALL OPERATIONS FOR DELIVERY NONE	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) William H Cone M.D.	
		23b. DATE SIGNED 12 June 58	
23c. ATTENDANT'S ADDRESS Grangeville, Idaho		If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL Robert R Hansen TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE June 9, 1958	25c. NAME OF CEMETERY OR CREMATORY Clearwater	25d. LOCATION (City, town, or county) (State) Clearwater, Idaho
DATE REC'D BY LOCAL REG. June 18, 1958		REGISTRAR'S SIGNATURE Irma Cone	
		26. FUNERAL DIRECTOR Robertson-Hansen ADDRESS Robert R Hansen Grangeville	

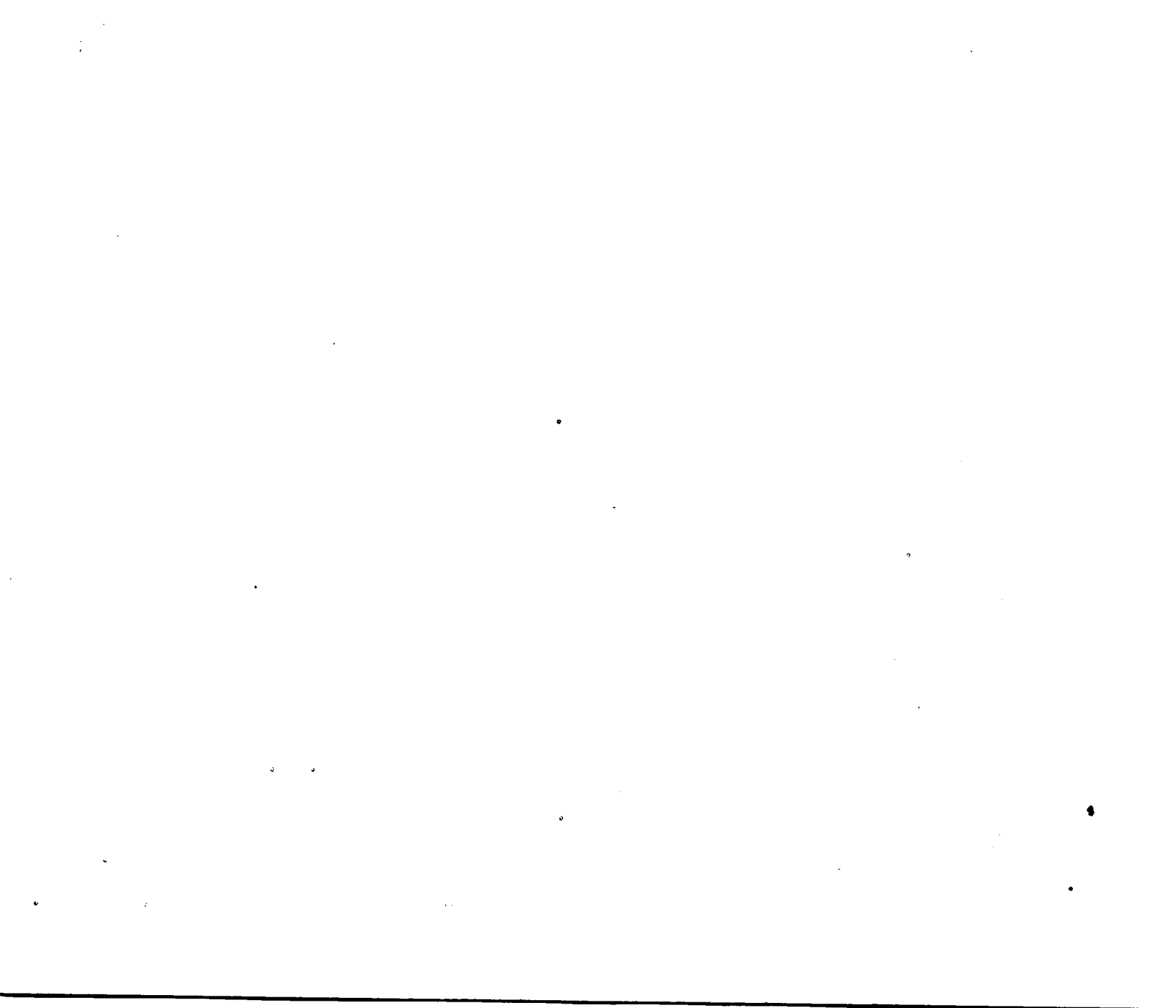
PHS-797(VS) 4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE
JUL 3 1958

REC-111 D

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 085
Local Reg. No. 1
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY Bureau of Vital Statistics Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayden Lake	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City General Hospital.		d. STREET ADDRESS (If rural, give location) Rural Route 1.	
3. CHILD'S NAME (Type or Print) Richard Spracklen			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 6/20/1958
7. FATHER'S NAME a. (First) Melvin Leroy Spracklen		b. (Middle) c. (Last) White	
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Hayden Lake Idaho.	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Spokane Box Factory
12. MOTHER'S MAIDEN NAME a. (First) Donna		b. (Middle) c. (Last) Wilbur	
13. COLOR OR RACE White			
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Kellogg, Ida.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mrs. Clarence Wilbur			
18a. LENGTH OF PREG-NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Erythroblastosis Fetalis	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR High RH Titer		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M. D.	
23b. DATE SIGNED		23c. ATTENDANT'S ADDRESS Coeur d'Alene, Ida.	
24. SIGNATURE OF AUTHORIZED OFFICIAL Frank Morse		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 6/21/58	25c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	25d. LOCATION (City, town, or county) (State) Coeur d'Alene, Idaho.
DATE REC'D BY LOCAL REG. June 24, 1958	REGISTRAR'S SIGNATURE Suzanne K. Brush	26. FUNERAL DIRECTOR ADDRESS Yates-Morse Funeral Home, C.d'A. Ida.	



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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 086
Local Reg. No. 68
Reg. Dist. No. 200

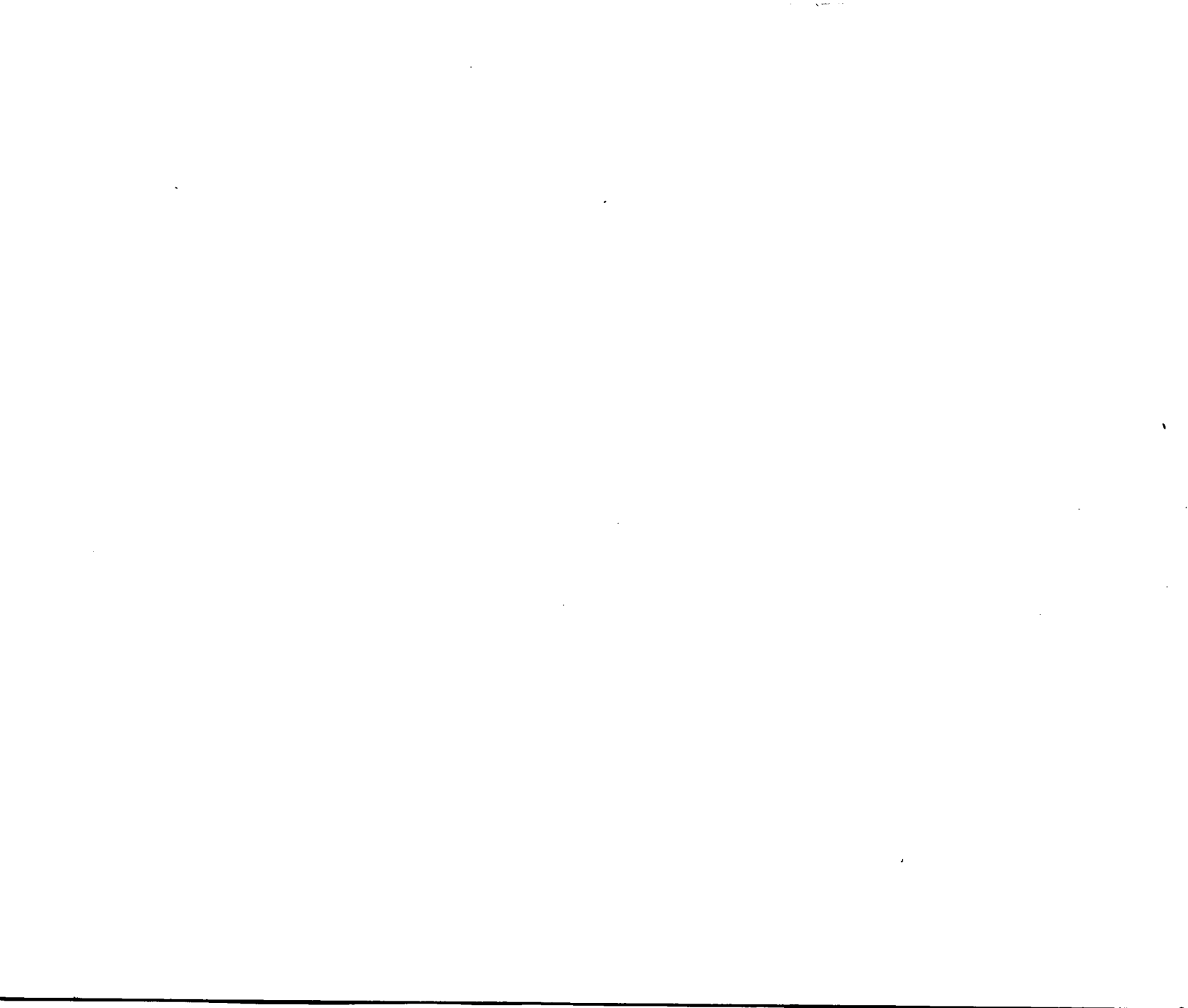
JUN 20 1958

1. PLACE OF BIRTH a. COUNTY <u>Latah</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u>	
b. CITY OR TOWN <u>Moscow</u>		c. CITY OR TOWN <u>Troy</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Critchman Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	
3. CHILD'S NAME (Type or Print) <u>Bobby Flodin</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 12, 1958</u>
7. FATHER'S NAME a. (First) <u>Elmer</u> b. (Middle) <u>George</u> c. (Last) <u>Flodin</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>58</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Troy, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Lucille</u> b. (Middle) <u>Carie</u> c. (Last) <u>Flodin</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>40</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Curgo, Wash</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>10</u> b. How many children were born alive but are now dead? <u>one</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>one</u>	
17. INFORMANT <u>Mrs Lucille Flodin</u>			
18a. LENGTH OF PREGNANCY <u>20</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>13</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>unknown</u>	
		20b. MATERNAL CAUSES <u>unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4:08 P. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>W. Adams M.D.</u>	
23b. DATE SIGNED <u>6/15/58</u>		23c. ATTENDANT'S ADDRESS <u>Moscow, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Shorts</u>		TITLE <u>Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>6-13-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Dry Creek</u>	25d. LOCATION (City, town, or county) (State) <u>Troy Idaho</u>
DATE REC'D BY LOCAL REG. <u>6/17/58</u>	REGISTRAR'S SIGNATURE <u>Laird & Skoog</u>	26. FUNERAL DIRECTOR ADDRESS <u>Moscow, Ida</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **087**
Local Reg. No. **28**
Reg. Dist. No. **42**

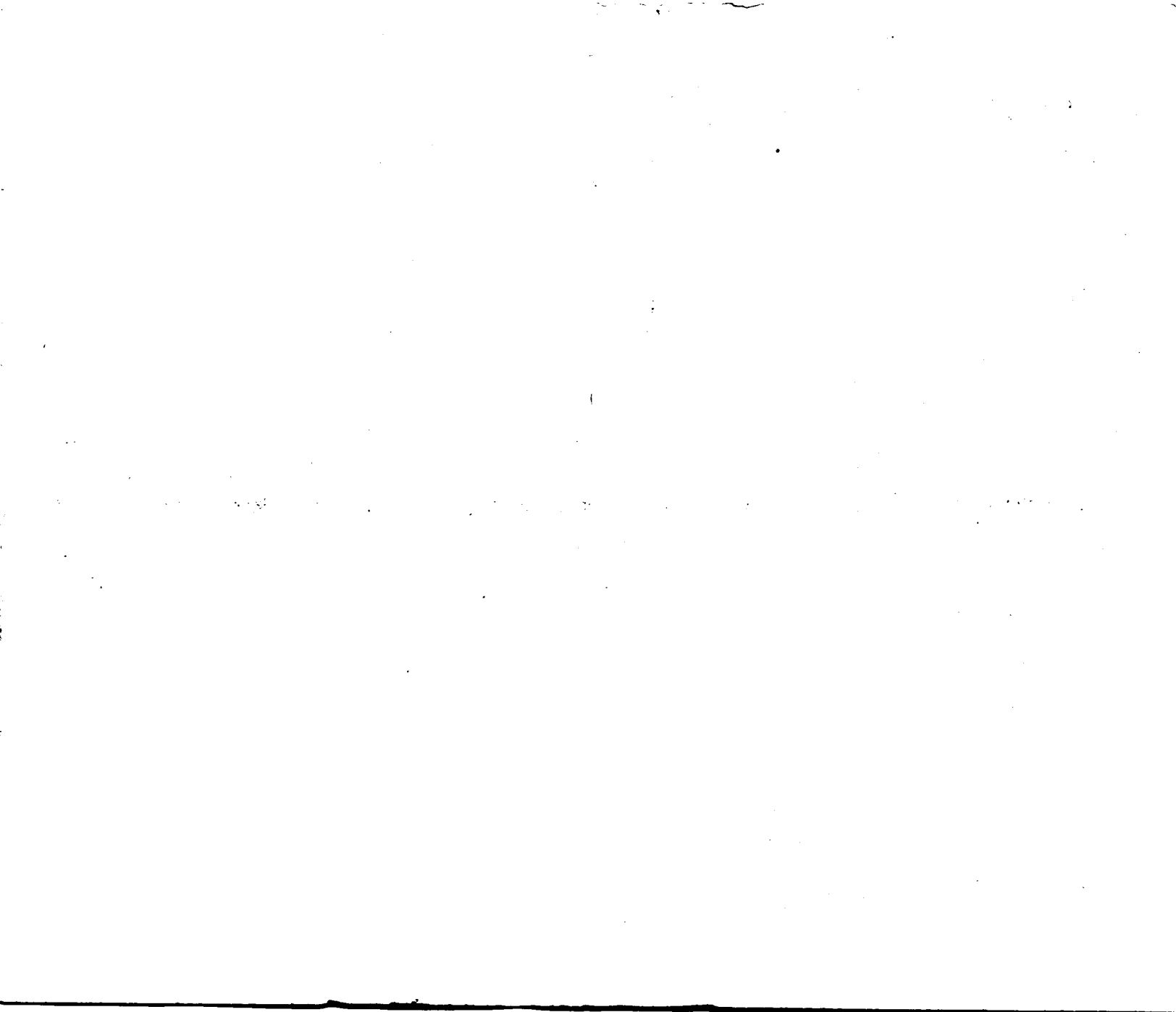
1. PLACE OF STILLBIRTH a. COUNTY Shoshone		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Shoshone	
b. CITY (If outside corporate limits, write RURAL and give township) Wallace		c. CITY (If outside corporate limits, write RURAL and give township) Kellogg	
c. FULL NAME OF HOSPITAL OR INSTITUTION Providence Hospital		d. STREET ADDRESS (If rural, give location) Smelter Heights	
3. CHILD'S NAME (Type or Print) Barbara Jean Frank			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 6 1958
7. FATHER'S NAME a. (First) Charles b. (Middle) C c. (Last) Frank		8. COLOR OR RACE White	
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Spokane, Washington	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Delores b. (Middle) PRUETT c. (Last)		13. COLOR OR RACE White	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Nebraska	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Charles Frank Kellogg Idaho			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes... <input checked="" type="checkbox"/> No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES unknown.	
		20b. MATERNAL CAUSES Intrauterine fetal death, cause unknown.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR As Above.		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:00 p.m.		23a. ATTENDANT'S SIGNATURE Robert J. Penelli (Specify if M. D., midwife, or other) M.D.	23b. DATE SIGNED 6/9/58
23c. ATTENDANT'S ADDRESS Wallace, Idaho		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Grant M. Glad TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE June 7, 1958	25c. NAME OF CEMETERY OR CREMATORY Greenwood	25d. LOCATION (City, town, or county) (State) Kellogg Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 6/33/58 J. L. Darine		26. FUNERAL DIRECTOR Grant M. Glad ADDRESS Kellogg Idaho	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
RECEIVED State of Idaho

State File No. 088
Local Reg. No. 32
Reg. Dist. No. 322

1. PLACE OF STILLBIRTH a. COUNTY <u>Washington</u> <u>JUN 30 1958</u> b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Weiser</u> <u>Bureau of Vital Statistics</u> TOWN c. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> d. STREET ADDRESS (If rural, give location)		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Washington</u> c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Weiser</u> TOWN d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>BABY BOY BAILEY</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 5 1958</u>
7. FATHER'S NAME a. (First) <u>Duane</u> b. (Middle) c. (Last) <u>Bailey</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>26</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Burley, Idaho</u>	11a. USUAL OCCUPATION <u>Carpenter</u>
12. MOTHER'S MAIDEN NAME <u>Eula</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Gen'l Building</u>	
14. AGE (At time of this birth) <u>22</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Aline, Oklahoma</u>	
17. INFORMANT <u>Frank Shippy</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>One</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS		18b. WEIGHT AT BIRTH LBS. OZS. <u>Approximate date</u>	
19. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Baby born dead.</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7:20 P.m.</u>		23a. ATTENDANT'S SIGNATURE <u>Willie E. Ellis</u> (Specify if M. D., midwife, or other) <u>Midwife</u> 23b. DATE SIGNED <u>June 5, 1958</u>	
23c. ATTENDANT'S ADDRESS <u>Homeville Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Frank Shippy</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>6/5/58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Knowlton Heights Cem.</u>	25d. LOCATION (City, town, or county) (State) <u>Canyon County Idaho</u>
DATE REC'D BY LOCAL REG. <u>6/5/58</u>	REGISTERAR'S SIGNATURE <u>R Dale Thomson</u> <u>by Evelyn Jones, Deputy</u>	26. FUNERAL DIRECTOR'S ADDRESS <u>Frank Shippy</u> <u>Caldwell, Idaho</u>	

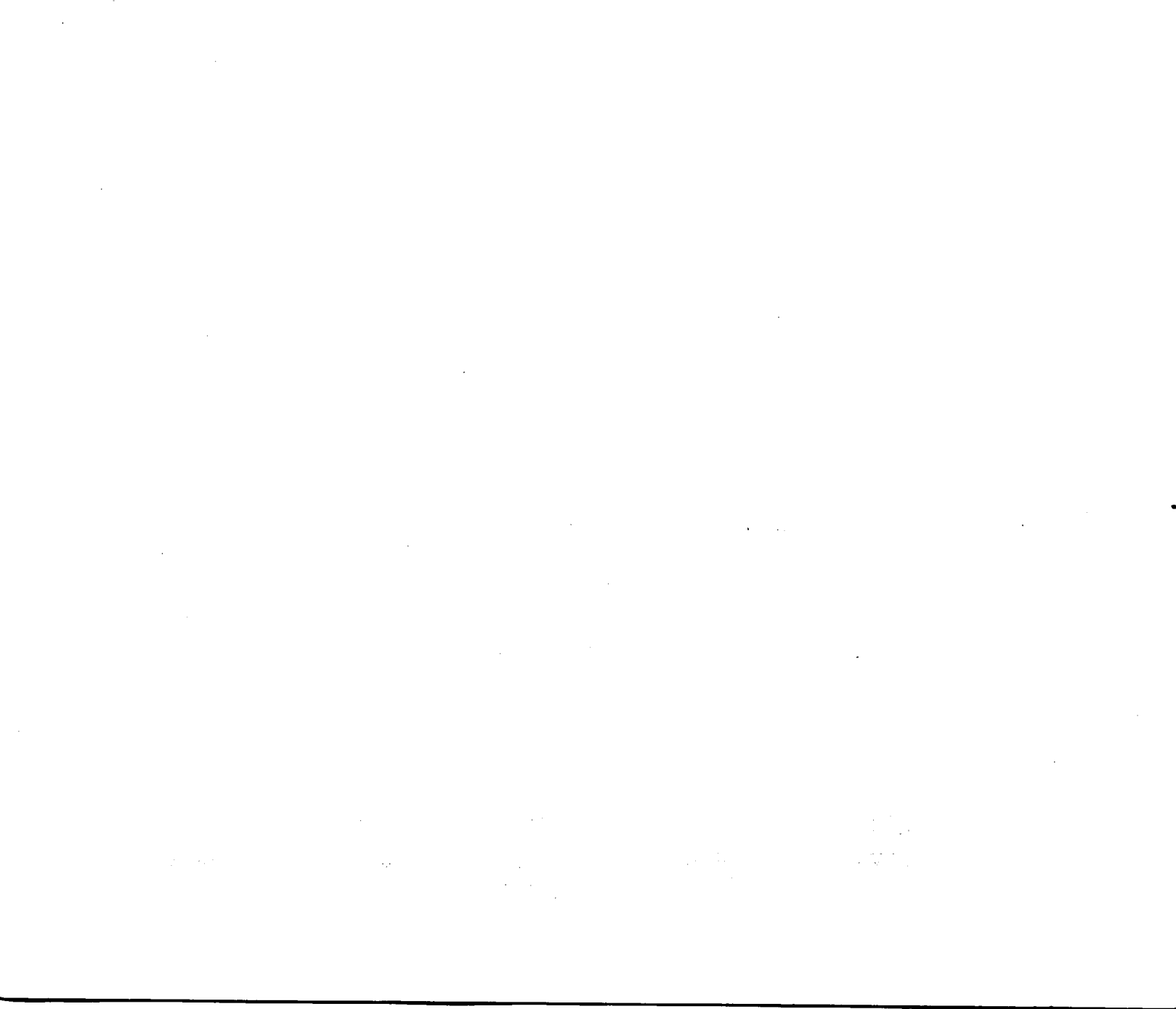


CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED

1. PLACE OF STILLBIRTH a. COUNTY <u>ADA</u> <u>JUL 29 1958</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>IDAHO</u> b. COUNTY <u>ADA</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BOISE</u> Bureau of Vital Statistics		c. CITY (If outside corporate limits, write RURAL and give township) <u>BOISE</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>1307 HERVEY ST</u>		d. STREET ADDRESS (If rural, give location) <u>ST. LUKES HOSP. BOISE, IDAHO</u>	
3. CHILD'S NAME (Type or Print) <u>KERRIE LEE KIMERLING</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>6 18 1958</u>
7. FATHER'S NAME a. (First) <u>WILLARD</u> b. (Middle) <u>VERN</u> c. (Last) <u>KIMERLING</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>COLORADO</u>	11a. USUAL OCCUPATION <u>TEACHER</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>EAST JR HIGH SCHOOL</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>MARY</u> b. (Middle) <u>MARIE</u> c. (Last) <u>CLIFTON</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>IDAHO</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Willard Vern Kimerling - father</u>			
18a. LENGTH OF PREGNANCY <u>20 WEEKS</u>	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>12</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>not known</u>	
		20b. MATERNAL CAUSES <u>Placenta Praevia</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>0</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>0</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2 am.</u>		23a. ATTENDANT'S SIGNATURE <u>Max D. Edmundson</u> (Specify M, D., midwife, or other)	23b. DATE SIGNED <u>6-18-58</u>
23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Boise, Idaho</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	25b. DATE <u>6-19-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>ST. LUKES HOSPITAL</u>	25d. LOCATION (City, town, or county) (State) <u>BOISE IDAHO</u>
DATE REC'D BY LOCAL REG. <u>7-8-58</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>C. Dale McMurtry</u> ADDRESS <u>Boise, Idaho</u> <u>SUMMERS FUNERAL HOME</u>	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
RECEIVED State of Idaho

State File No. **090**
Local Reg. No. **274**
Reg. Dist. No. **270**

1. PLACE OF STILLBIRTH a. COUNTY Ada AUG 12 1958		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise Bureau of Vital Statistics		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 1602 Longmont	
3. CHILD'S NAME (Type or Print) ROBERT GENE KIDD			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 22, 1958
7. FATHER'S NAME a. (First) JAMES b. (Middle) M. c. (Last) KIDD		8. COLOR OR RACE White	
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) Boise, Idaho	11a. USUAL OCCUPATION Salesman	11b. KIND OF BUSINESS OR INDUSTRY Pacific Fruit
12. MOTHER'S MAIDEN NAME a. (First) EVELYN b. (Middle) MAY c. (Last) WHITNEY		13. COLOR OR RACE White	
14. AGE (At time of this birth) 39 YEARS	15. BIRTHPLACE (State or foreign country) Nampa, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>James M. Kidd</i>			
18a. LENGTH OF PREGNANCY 48 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Cord around neck with constriction		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY 0	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Max D. Submunden MD</i>	
23c. ATTENDANT'S ADDRESS <i>Boise Idaho</i>		23b. DATE SIGNED 7-24-58	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 7/22/58	
25c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park		25d. LOCATION (City, town, or county) (State) Boise, Idaho	
DATE REC'D BY LOCAL REG. 7-31-58		26. FUNERAL DIRECTOR <i>Elyse E. Summers</i> SUMMERS FUNERAL HOME	
REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>		ADDRESS Boise, Idaho	

Dr. David

PHS-797 (VS)
4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

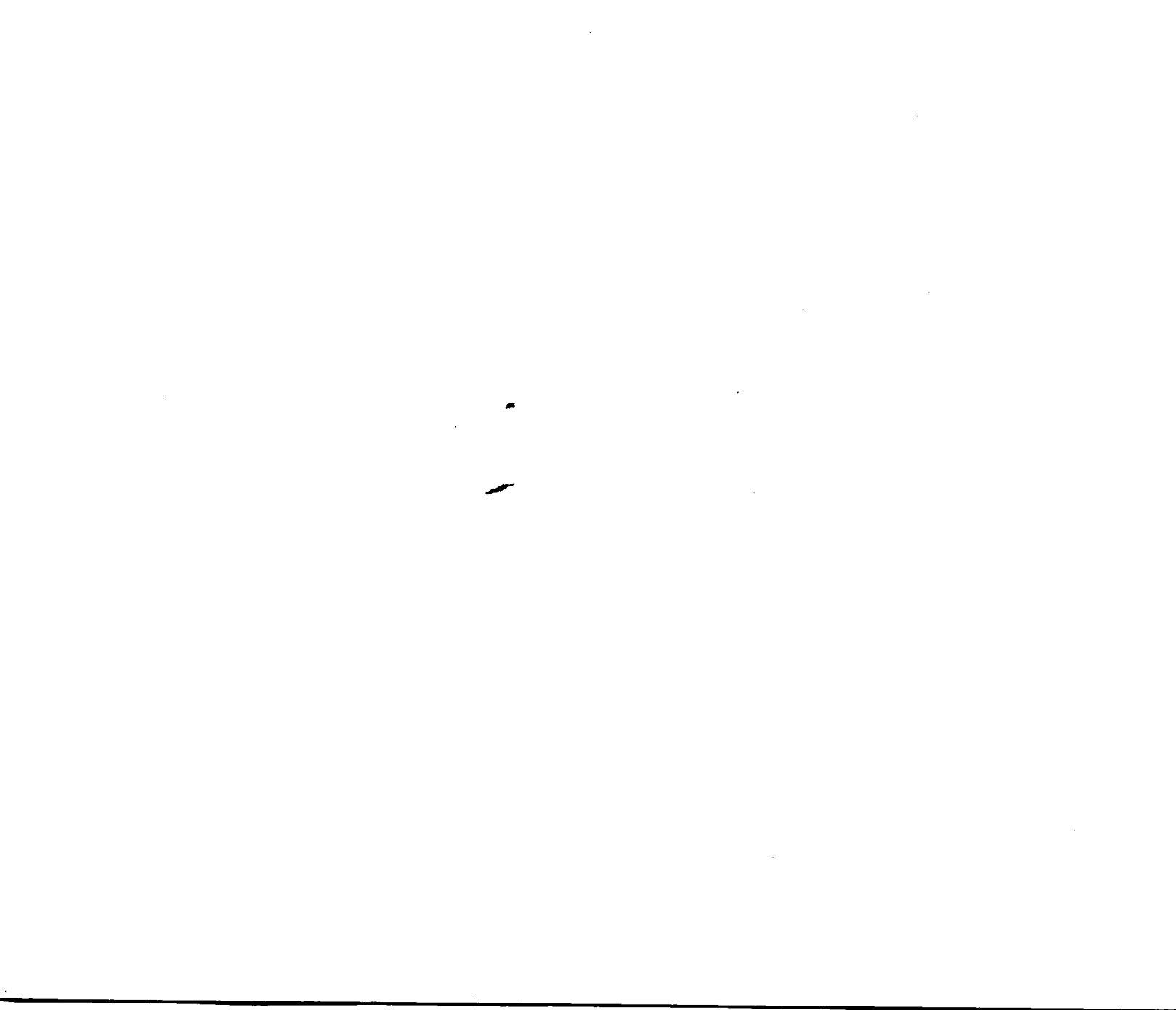
(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 091
Local Reg. No. 284
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Alphonsus</u>		d. STREET ADDRESS (If rural, give location) <u>1701 N. 19th</u>	
3. CHILD'S NAME (Type or Print) <u>Brenda Kay Wendler</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 23 1958</u>
7. FATHER'S NAME a. (First) <u>Woodrow</u> b. (Middle) <u>Willie</u> c. (Last) <u>Wendler</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>36</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Ausburn Kansas</u>	11a. USUAL OCCUPATION <u>Fireman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Fire Dept. Boise</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Helen</u> b. (Middle) <u>Berniece</u> c. (Last) <u>Funderburg</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>31</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>St. Joseph Missouri</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Woodrow M. Wendler Boise</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Congenital Monstr. Achondroplasia.</u> 20b. MATERNAL CAUSES <u>Hydraninosis</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			
22. STATE ALL OPERATIONS FOR DELIVERY <u>Breech Delivery, Med. hat, Episiotomy</u>			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE <u>David</u>	
23b. DATE SIGNED <u>7-28-58</u>		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>David H. Libon</u>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>July 28 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cloverdale</u>	25d. LOCATION (City, town, or county) (State) <u>Boise Idaho</u>
DATE REC'D BY LOCAL REG. <u>7-29-58</u>		26. FUNERAL DIRECTOR ADDRESS <u>Schreiber-McCann-Gibson Boise</u>	



(1949 Revision of Standard Certificate)
STATE OF IDAHO
RECEIVED
STATE OF IDAHO

State File No. 092
Local Reg. No. 37
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u> d. STREET ADDRESS (If rural, give location) <u>727 Cherry</u>		
3. CHILD'S NAME (Type or Print) <u>BABY GIRL PEART</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 12, 1958</u>		
7. FATHER'S NAME a. (First) <u>Dan</u> b. (Middle) <u>Carter</u> c. (Last) <u>Peart</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>33</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Pocatello, Idaho</u>	11a. USUAL OCCUPATION <u>Trainman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U.P.R.R.</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Thora</u> b. (Middle) <u>Jean</u> c. (Last) <u>Stanley</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Gridley, California</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Two</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>			
17. INFORMANT <u>Thora Peart, Mother</u>					
18a. LENGTH OF PREGNANCY <u>33</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u> </u> OZS. <u> </u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None.</u> 20b. MATERNAL CAUSES <u>Abruptio Placentae.</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Abruptio Placentae.</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean Section</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2:45 A. m.</u>		23a. ATTENDANT'S SIGNATURE <u>H. L. Olsen, M.D.</u>		23b. DATE SIGNED <u>Aug. 11, 1958</u>	
23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho.</u>		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Allen J. Manning</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>6-12-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Manning Funeral Home</u>	25d. LOCATION (City, town, or county) (State) <u>Pocatello, Idaho</u>		
DATE REC'D BY LOCAL REG. <u>AUG 20 1958</u>		REGISTRAR'S SIGNATURE <u>Theresa Jones, Deputy</u>		26. FUNERAL DIRECTOR ADDRESS <u>Allen J. Manning 510 N. 12th Ave.</u>	

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(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH

State File No. 093
Local Reg. No. 33
Reg. Dist. No. 34

RECEIVED - State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u> <u>AUG 20 1958</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pocatello</u> <u>Bureau of Vital Statistics</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pocatello</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2 North</u>	
3. CHILD'S NAME (Type or Print) <u>BABY GIRL INGRAM</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 2, 1958</u>
7. FATHER'S NAME a. (First) <u>Bertie</u> b. (Middle) <u>M.</u> c. (Last) <u>Ingram</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Gillette, Wyoming</u>	11a. USUAL OCCUPATION <u>Gas Measurement Man</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Intermountain Gas. Co.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Rita</u> b. (Middle) <u>J.</u> c. (Last) <u>Tout</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Pocatello, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Bertie M. Ingram</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u> </u> OZS. <u> </u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u> </u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Constricted Umbilical Cord.</u>	
		20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u> </u> m.		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u> (Specify if M. D., midwife, or other)	23b. DATE SIGNED <u>8-6-58</u>
23c. ATTENDANT'S ADDRESS <u> </u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u> TITLE <u> </u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>AUG 7 - 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Bannock Memorial Hosp.</u>	25d. LOCATION (City, town, or county) (State) <u> </u>

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 094
Local Reg. No. 37
Reg. Dist. No. 516

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location) 825 West Wyeth	
3. CHILD'S NAME (Type or Print) DANIEL GIRL DANIELS			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 5, 1958
7. FATHER'S NAME a. (First) Marion		b. (Middle) Ivyl c. (Last) Daniels	
8. COLOR OR RACE White			
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Shelton, Washington	11a. USUAL OCCUPATION Electrician 1st Class	11b. KIND OF BUSINESS OR INDUSTRY U. S. Navy
12. MOTHER'S MAIDEN NAME a. (First) Mary		b. (Middle) Erskine c. (Last) Jenkins	
13. COLOR OR RACE White			
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Bayonne, New Jersey	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Mary Daniels			
18a. LENGTH OF PREGNANCY 28 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES None found		
	20b. MATERNAL CAUSES None		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Epi	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.	23a. ATTENDANT'S SIGNATURE [Signature] (Specify if M. D., midwife, or other)		23b. DATE SIGNED 7-6-58
	23c. ATTENDANT'S ADDRESS [Address]		24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Removed	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. AUG 7 - 1958	REGISTRAR'S SIGNATURE [Signature]		26. FUNERAL DIRECTOR [Signature] ADDRESS [Address]

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(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
RECEIVED State of Idaho

State File No. 095
Local Reg. No. 335
Reg. Dist. No. 577

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. CITY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pocatello</u> Bureau of Vital Statistics		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fort Hall</u> (Indian Reservation)	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>BABY BOY DAVIS</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 7, 1958</u>
7. FATHER'S NAME a. (First) <u>Stanford</u>		b. (Middle)	c. (Last) <u>Davis</u>
9. AGE (At time of this birth) <u>37</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Fort Hall, Idaho</u>	11a. USUAL OCCUPATION <u>Farm Laborer</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Truma</u>		b. (Middle)	c. (Last) <u>Teton</u>
14. AGE (At time of this birth) <u>33</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Fort Hall, Idaho</u>	13. COLOR OR RACE <u>Indian</u>
17. INFORMANT <u>Truma Davis, Mother</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Four</u> b. How many children were born alive but are now dead? <u>One</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>Three</u>	
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>none apparent - extreme maceration of fetus.</u>	
		20b. MATERNAL CAUSES <u>none known</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>M. D. [Signature]</u>	23b. DATE SIGNED <u>14 Aug 1958</u>
23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>By [Signature]</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>7-7-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Downard's Funeral Home</u>	25d. LOCATION (City, town, or county) (State) <u>Pocatello, Idaho</u>
DATE REC'D BY LOCAL <u>8961 81 999</u>		26. FUNERAL DIRECTOR <u>By [Signature]</u>	ADDRESS <u>241 N. Garfield Ave.</u>

1. The first part of the document discusses the importance of maintaining accurate records of all transactions.

2. It then goes on to describe the various methods used to collect and analyze data.

3. The next section details the results of the study, showing a clear correlation between the variables.

4. Finally, the document concludes with a summary of the findings and recommendations for future research.

5. The appendix contains additional data and supporting information.

6. The following table provides a detailed breakdown of the data collected over the course of the study.

7. It is important to note that the data was collected from a representative sample of the population.

8. The results of the study are consistent with previous research in this field.

9. The study has several limitations, including a relatively small sample size and a short duration.

10. Further research is needed to confirm the findings and explore the underlying mechanisms.

11. The data suggests that there is a significant impact of the independent variable on the dependent variable.

12. The results indicate that the relationship between the two variables is positive and statistically significant.

13. The study also found that the effect size was moderate, suggesting a meaningful relationship.

14. The findings have important implications for practice and policy-making.

15. The study was conducted in accordance with the highest standards of research ethics.

16. The data was analyzed using a variety of statistical techniques to ensure accuracy.

17. The results of the study are presented in a clear and concise manner.

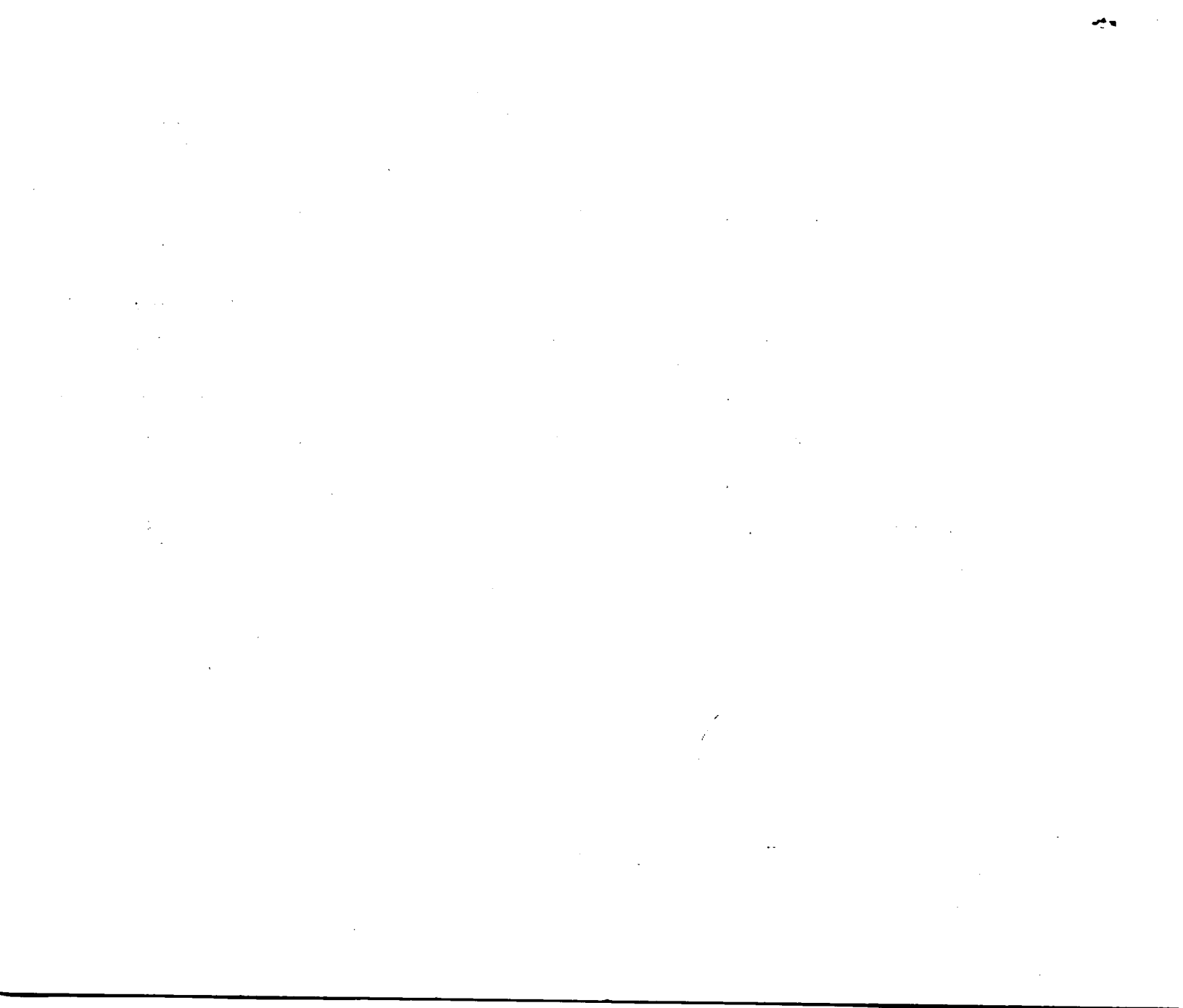
18. The study has been peer-reviewed and published in a reputable journal.

19. The findings of the study are consistent with the theoretical framework.

20. The study has been widely cited in the literature.

RECEIVED State of Idaho

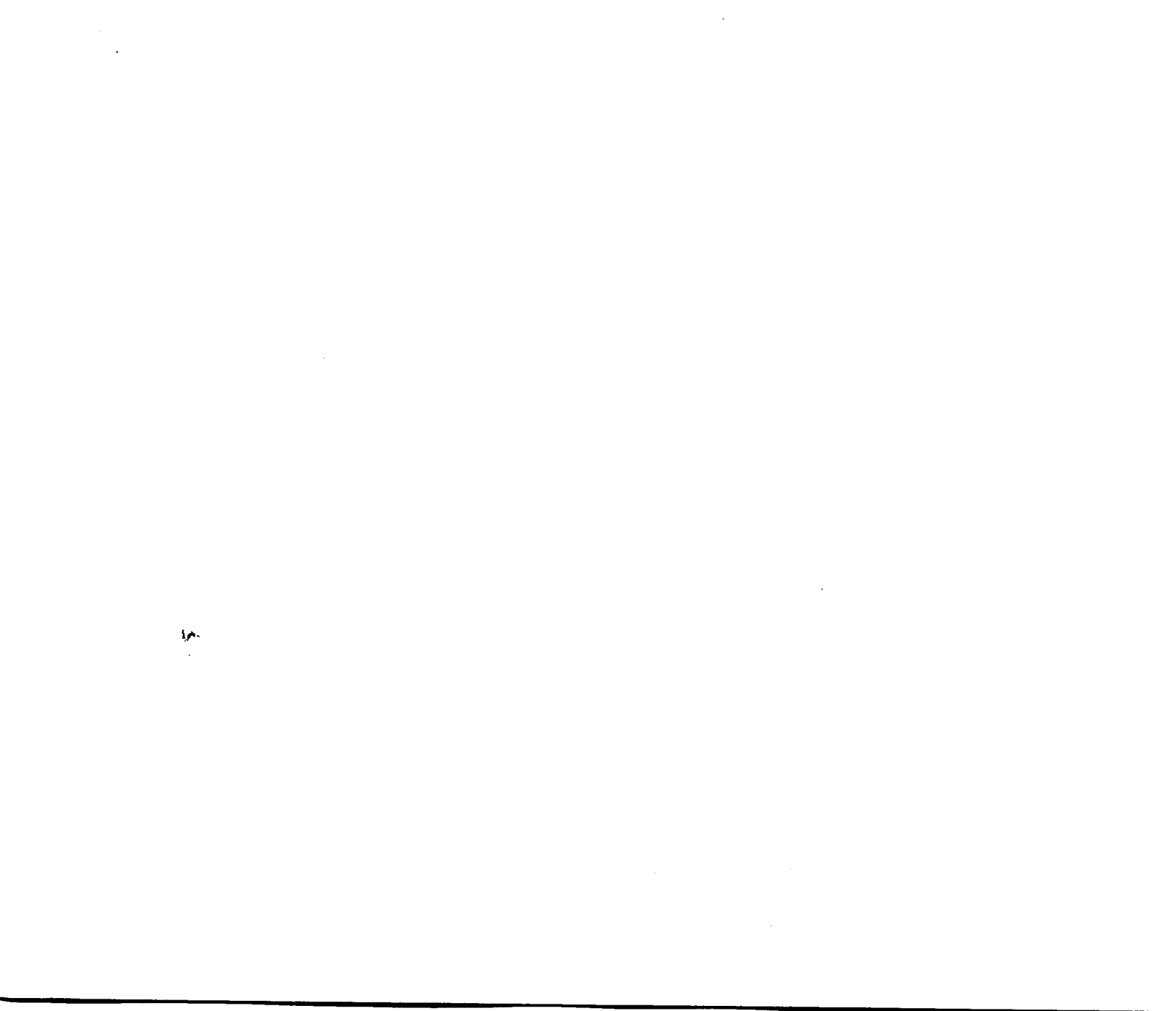
1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u> <u>AUG 20 1958</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u> <u>Bureau of Vital Statistics</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>914 East Lewis</u>	
3. CHILD'S NAME (Type or Print) <u>LADY GRIEL KLINGENBERG</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 12, 1958</u>
7. FATHER'S NAME a. (First) <u>Gerhard</u> b. (Middle) <u>Emill</u> c. (Last) <u>Klingenberg</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>36</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Danzig, Germany</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Pocatello Cold Storage</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Jenny</u> b. (Middle) <u>Margarethe</u> c. (Last) <u>Reese</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Kiel, Germany</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>three</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Jenny Klingenberg, Mother</u>			
18a. LENGTH OF PREGNANCY <u>23</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u> </u> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Premature placental separation</u>	
		20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u> </u> m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Dr. Hight, M.D.</u>		23b. DATE SIGNED <u>8-11-58</u>
	23c. ATTENDANT'S ADDRESS <u> </u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u> </u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		25b. DATE <u>7-12-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u> </u>
25d. LOCATION (City, town, or county) (State) <u> </u>		25e. FUNERAL DIRECTOR <u> </u>	
DATE REC'D BY LOCAL <u>AUG 18 1958</u>		REGISTRAR'S SIGNATURE <u> </u>	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 097
Local Reg. No. 138
Reg. Dist. No. 600

1. PLACE OF STILLBIRTH a. COUNTY <u>Bingham</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u> <u>JUL 14 1958</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Blackfoot</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bingham Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route #3, Wapaele</u>	
3. CHILD'S NAME (Type or Print) <u>Infantys Earley</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 1, 1958</u>
7. FATHER'S NAME a. (First) <u>Dean</u> b. (Middle) <u>M.</u> c. (Last) <u>Earley</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Blackfoot, Idaho</u>	11a. USUAL OCCUPATION <u>Book keeper</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Warehouse - U. S. Army</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Karlene</u> b. (Middle) <u>Seamons</u> c. (Last) <u>white</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Blackfoot, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Dean M. Earley</u> <u>Blft. Idaho</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>12</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown (Premature)</u>	
		20b. MATERNAL CAUSES <u>None except Polyhydramnios</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Polyhydramnios & Premature labor</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10</u> a. m.		23a. ATTENDANT'S SIGNATURE <u>Dean Sacker</u> 23c. ATTENDANT'S ADDRESS <u>Blackfoot, Idaho</u>	23b. DATE SIGNED <u>7-2-58</u> 23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Howard Packham</u> TITLE <u>Blackfoot, Idaho</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>7-3-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Grass City Ave</u>	25d. LOCATION (City, town, or county) (State) <u>Blackfoot, Bingham, Idaho</u>
DATE REC'D BY LOCAL REG. <u>July 2 1958</u>	REGISTRAR'S SIGNATURE <u>Asabelia E. Farnie</u>	26. FUNERAL DIRECTOR <u>Howard Packham</u>	



CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 098

Local Reg. No. 139

Reg. Dist. No. 600

1. PLACE OF STILLBIRTH a. COUNTY Bureau of Vital Statistics Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Blackfoot	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) Route #3	
3. CHILD'S NAME (Type or Print) Infant Earley			
4. SEX male	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 1, 1958
7. FATHER'S NAME a. (First) Dean b. (Middle) M. c. (Last) Earley		8. COLOR OR RACE white	
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Blackfoot, Idaho	11a. USUAL OCCUPATION Bookkeeper	11b. KIND OF BUSINESS OR INDUSTRY Warehouse - U. S. Army
12. MOTHER'S MAIDEN NAME a. (First) Karlene b. (Middle) c. (Last) Seamons		13. COLOR OR RACE white	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Blackfoot, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? none b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? one	
17. INFORMANT Dean M. Earley			
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown (Premature)	
		20b. MATERNAL CAUSES None except polyhydramnios	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Poly Hydramnios - Premature labor		22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10103 R. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) D. Dean Earley M.D.	
23b. DATE SIGNED 7-2-58		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 73-58	25c. NAME OF CEMETERY OR CREMATORY Grave City Cem.	25d. LOCATION (City, town, or county) (State) Blackfoot, Bingham, Idaho
DATE REC'D BY LOCAL REG. July 2-1958		26. FUNERAL DIRECTOR ADDRESS Howard Packham Blackfoot, Idaho	

CERTIFICATE OF STILLBIRTH

REC- State of Idaho

State File No. 099

Local Reg. No. 141

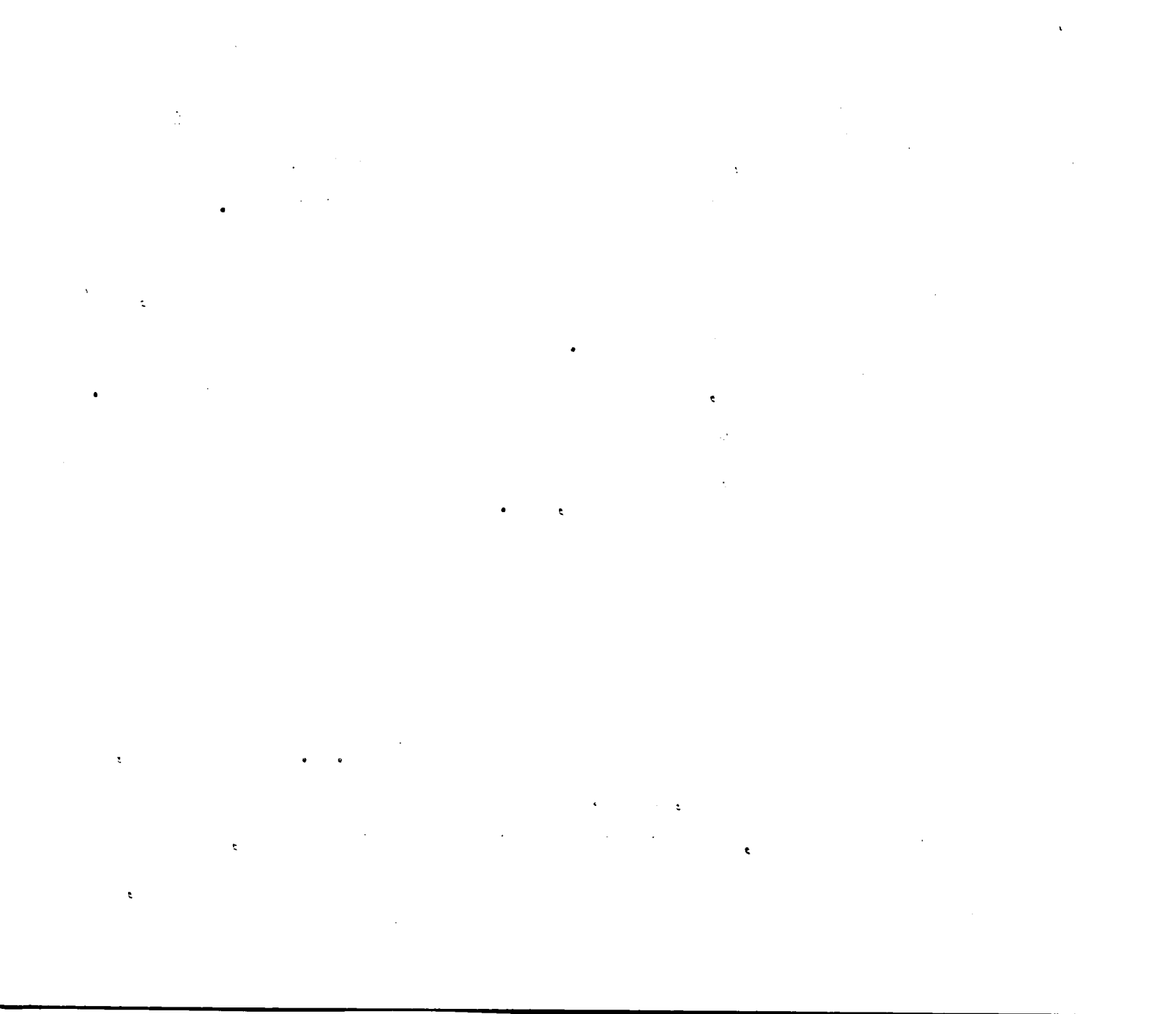
Reg. Dist. No. 6.2.0

1. PLACE OF STILLBIRTH a. COUNTY <u>Bingham</u> JUL 14 1958		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bureau of Vital Statistics</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bingham Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>98 No. Poplar St.</u>	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 6, 1958</u>
7. FATHER'S NAME a. (First) <u>Charles</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Edmo</u>		8. COLOR OR RACE <u>Indian</u>	
9. AGE (At time of this birth) <u>18</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Boise, Idaho</u>	11a. USUAL OCCUPATION <u>US Army</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Marilyn</u> b. (Middle) <u>Mae</u> c. (Last) <u>Moss</u>		13. COLOR OR RACE <u>Indian</u>	
14. AGE (At time of this birth) <u>17</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>St. Ignatius, Montana</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Mrs. Marilyn Edmo</u>			
18a. LENGTH OF PREGNANCY <u>24</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>	
		20b. MATERNAL CAUSES <u>Unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:40 P. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Edmo</u>	
23b. DATE SIGNED <u>July 8, 1958</u>		23c. ATTENDANT'S ADDRESS <u>Blackfoot, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Carl E. Hester</u>		TITLE <u>Blackfoot, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>July 7, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Bingham Memorial Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>Blackfoot, Idaho</u>
DATE REC'D BY LOCAL REG. <u>July 7, 1958</u>		26. FUNERAL DIRECTOR <u>Carl E. Hester</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH

State File No. **100**
Local Reg. No. **159**
Reg. Dist. No. **600**

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) Blackfoot,		c. CITY (If outside corporate limits, write RURAL and give township) Blackfoot,	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) 215 Clifford St.	
3. CHILD'S NAME (Type or Print) BRENT PARKINSON			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 25, 1958
7. FATHER'S NAME a. (First) Martell b. (Middle) F. c. (Last) Parkinson		8. COLOR OR RACE White	
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Rexburg, Idaho	11a. USUAL OCCUPATION Salesman	11b. KIND OF BUSINESS OR INDUSTRY Fuller Brush Co.
12. MOTHER'S MAIDEN NAME a. (First) Waynette b. (Middle) Allen c. (Last) Allen		13. COLOR OR RACE White	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Logan, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children born alive but are now dead? None b. How many children were born dead but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Martell F. Parkinson Blackfoot, Ida. 2			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No.....	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
		20b. MATERNAL CAUSES Premature Separation of Placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:35 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Don Parkinson M. D.	
23c. ATTENDANT'S ADDRESS Blackfoot, Idaho.		24. SIGNATURE OF AUTHORIZED OFFICIAL John C. Sandberg	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE July 26, 1958	25c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. July 26, 1958	REGISTRAR'S SIGNATURE Mrs. Walter E. Parkinson	26. FUNERAL DIRECTOR John C. Sandberg Blackfoot, Idaho	



RECEIVED JUL 21 1958
CERTIFICATE OF STILLBIRTH
State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parma	
c. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hospital		d. STREET ADDRESS (If rural, give location) Route 3	
3. CHILD'S NAME (Type or Print) Dean English			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 13, 1958
7. FATHER'S NAME a. (First) Darrell		b. (Middle) Weldon	c. (Last) English
8. COLOR OR RACE White			
9. AGE (At time of this birth) 52 YEARS	10. BIRTHPLACE (State or foreign country) Wallowa, Oregon	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Ruby		b. (Middle)	c. (Last) Clary
13. COLOR OR RACE White			
14. AGE (At time of this birth) 42 YEARS	15. BIRTHPLACE (State or foreign country) Parma, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? -0-	
17. INFORMANT Darrell W English			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 9 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes. No. <input checked="" type="checkbox"/>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Multiple congenital anomalies	
		20b. MATERNAL CAUSES Abruptio placentae	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Abruptio placentae		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE J. M. Stecher MD	23b. DATE SIGNED 7-15-58
23c. ATTENDANT'S ADDRESS Caldwell Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Merville D. Davis	TITLE Caldwell, Idaho
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7-15-58	25c. NAME OF CEMETERY OR CREMATORY Roswell Cemetery	25d. LOCATION (City, town, or county) (State) Roswell, Idaho
DATE REC'D BY LOCAL REG. 7-17-58	REGISTRAR'S SIGNATURE Agnes M. Denman	26. FUNERAL DIRECTOR Pughan-Dakan-Davis Chapel Caldwell, Idaho	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **102**
Local Reg. No. **6**
Reg. Dist. No. **3.6.3**

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell	
c. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location) 2009 Oak Street	
3. CHILD'S NAME (Type or Print) Infant Daughter Hynes			
4. SEX F	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 9 1958
7. FATHER'S NAME a. (First) Walter b. (Middle) M. c. (Last) Hynes		8. COLOR OR RACE W	
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Quincy, Ill.	11a. USUAL OCCUPATION Mechanic	11b. KIND OF BUSINESS OR INDUSTRY Auto
12. MOTHER'S MAIDEN NAME a. (First) Ruth b. (Middle) E. c. (Last) u (no record)		13. COLOR OR RACE White	
14. AGE (At time of this birth) 38 YEARS	15. BIRTHPLACE (State or foreign country) Portland, Oregon	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT <i>Walter M. Hynes</i>			
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH LBS. 025.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <i>premature separation of the placenta</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <i>Cesarean Section</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) <i>S. C. Tapp, M.D.</i>	
		23b. DATE SIGNED	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE <i>John F. Alsip, Jr.</i> ADDRESS Nampa, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 7-16-58	25c. NAME OF CEMETERY OR CREMATORY Mountain View Crematory	25d. LOCATION (City, town, or county) (State) Ada County Idaho
DATE REC'D BY LOCAL REG. July 17, 1958		26. FUNERAL DIRECTOR ALSIP FUNERAL CHAPEL 404-10 Ave. So.	

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 103
Local Reg. No. 553
Reg. Dist. No. 420

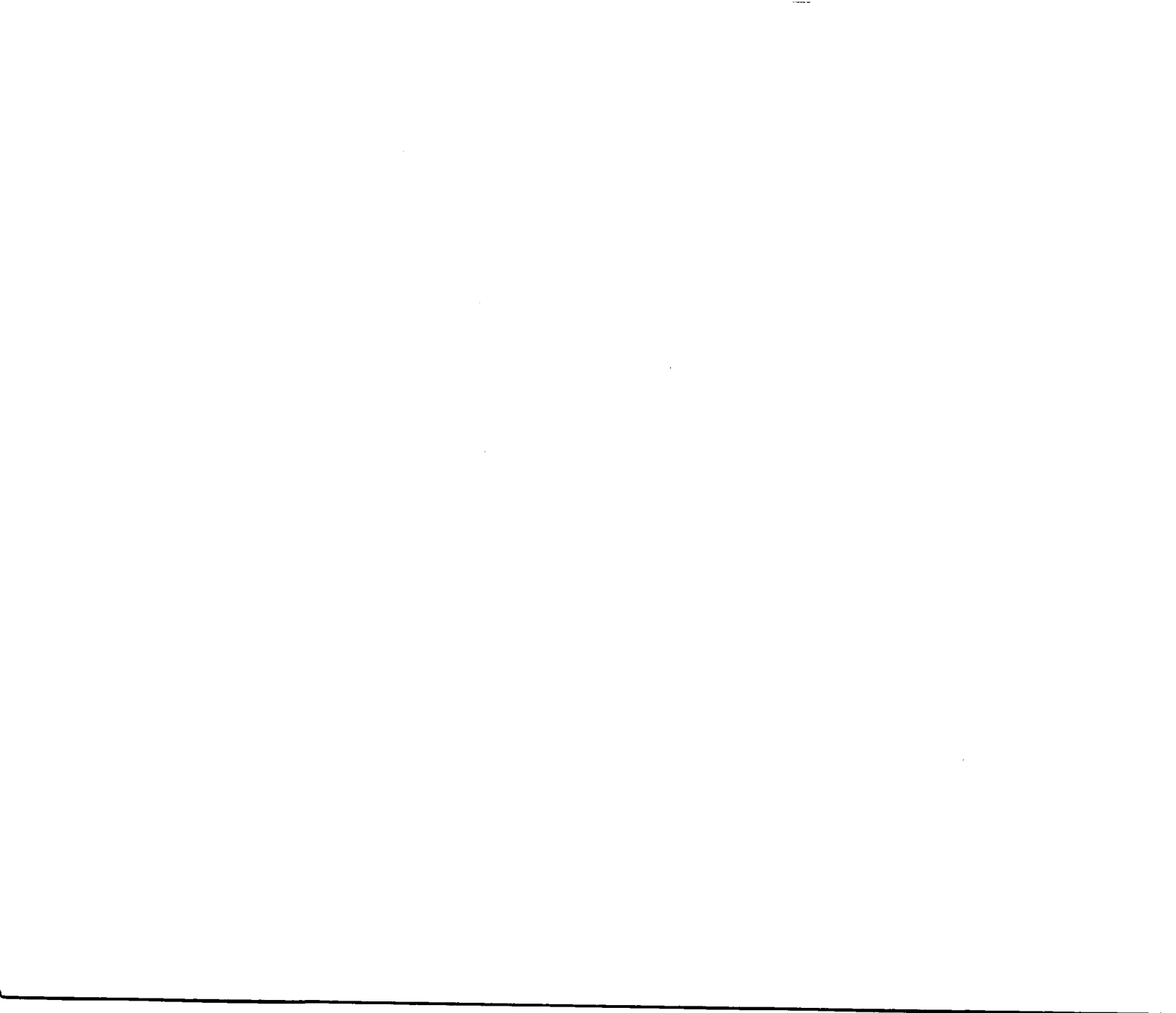
1. PLACE OF STILLBIRTH a. COUNTY Cassia		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Minidoka	
b. CITY (If outside corporate limits, write RURAL and give township) Burley		c. CITY (If outside corporate limits, write RURAL and give township) Paul	
c. FULL NAME OF HOSPITAL OR INSTITUTION Cottage Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Boy Adams			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 19, 1958
7. FATHER'S NAME a. (First) Larry b. (Middle) Ray c. (Last) Adams		8. COLOR OR RACE White	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Indianola, Nebraska	11a. USUAL OCCUPATION Salesman	11b. KIND OF BUSINESS OR INDUSTRY Farm Impelment
12. MOTHER'S MAIDEN NAME a. (First) Marilyn b. (Middle) Jean c. (Last) Martin		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Kerney, Nebraska	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Larry Adams G. D. Paul Idaho			
18a. LENGTH OF PREGNANCY 20 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 5-16-58	
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Anoxic due to constriction of Cord around neck		20b. MATERNAL CAUSES Premature labor	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M.D.	
23b. DATE SIGNED 7-26-58		23c. ATTENDANT'S ADDRESS Burley Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL Kern B. McCulloch		TITLE Burley Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7-25-58	25c. NAME OF CEMETERY OR CREMATORY Pleasant View Cemetery	25d. LOCATION (City, town, or county) (State) Burley, Idaho
DATE REC'D BY LOCAL REG. 8-11-58		26. FUNERAL DIRECTOR ADDRESS Burley Idaho	

CERTIFICATE OF STILLBIRTH

RECEIVED ⁵⁰ of Idaho

State File No. **104**
Local Reg. No. **519**
Reg. Dist. No. **6.52**

1. PLACE OF STILLBIRTH a. COUNTY Custer AUG 11 1958		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Custer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Challis Bureau of Vital Statistics		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Challis Markey	
c. FULL NAME OF HOSPITAL OR INSTITUTION Custer Memorial Hospital		d. STREET ADDRESS (If rural, give location) Box	
3. CHILD'S NAME (Type or Print) Clyde Emmett Finch			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 7 28 58
7. FATHER'S NAME a. (First) Dewey b. (Middle) Joseph c. (Last) Finch		8. COLOR OR RACE W	
9. AGE (At time of this birth) 43 YEARS	10. BIRTHPLACE (State or foreign country) Shenandoah, Montana	11a. USUAL OCCUPATION mechanic	11b. KIND OF BUSINESS OR INDUSTRY Garage
12. MOTHER'S MAIDEN NAME a. (First) Ernestine b. (Middle) — c. (Last) Finch		13. COLOR OR RACE W	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) St. Benton, Montana	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 5 b. How many children were born alive but are now dead? 5 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Lucy Finch			
18a. LENGTH OF PREGNANCY 33 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No. <input checked="" type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES ✓ - umbilical cord tight around neck twice	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) R. Barker M.D.	
		23b. DATE SIGNED 7-30-58	
23c. ATTENDANT'S ADDRESS Challis, Idaho		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Challis, Idaho
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE July 30, 1958	25c. NAME OF CEMETERY OR CREMATORY Challis Cemetery	25d. LOCATION (City, town, or county) (State) Challis, Idaho
DATE REC'D BY LOCAL REG. 7/30/58	REGISTRAR'S SIGNATURE Pauline J. Mueller	26. FUNERAL DIRECTOR ADDRESS	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
RECEIVED State of Idaho

105
State File No. ✓
Local Reg. No. ✓
Reg. Dist. No. 34.341

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <u>Gem</u>	<u>JUL 23 1958</u>	a. STATE <u>Idaho</u>	b. COUNTY <u>Gem</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mary Secor Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 2 Box 564</u>	
3. CHILD'S NAME (Type or Print) <u>Anita Mendoza</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 16, 1958</u>
7. FATHER'S NAME a. (First) <u>unknown</u>		b. (Middle)	c. (Last)
8. COLOR OR RACE <u>unknown</u>			
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Ramona</u>		b. (Middle) <u>Mendoza</u>	c. (Last)
13. COLOR OR RACE <u>white</u>			
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Rockford, Colo.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>X Ramona Mendoza</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Feb 1959</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Premature separation of placenta</u>	
		20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Mrs. B. J. Smith</u>	
		23b. DATE SIGNED <u>July 17, 1958</u>	
23c. ATTENDANT'S ADDRESS <u>107 N. Comm., Emmett, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Th. Beatty</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		25b. DATE <u>July 19, 1958</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Emmett</u>		25d. LOCATION (City, town, or county) (State) <u>Emmett, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>July 17, 1958</u>		26. FUNERAL DIRECTOR <u>The Beatty Chapel</u>	
REGISTRAR'S SIGNATURE <u>J. C. Beatty</u>		ADDRESS <u>Emmett, Idaho</u>	

RECEIVED
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 106
Local Reg. No. 38
Reg. Dist. No. 240

1. PLACE OF STILLBIRTH a. COUNTY <u>Idaho</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grangeville</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Idaho</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grangeville</u> d. STREET ADDRESS (If rural, give location) <u>803 Crook St.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Schwartz</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 26 58</u>
7. FATHER'S NAME a. (First) <u>William</u> b. (Middle) c. (Last) <u>Schwartz</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Leader</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Clara</u> b. (Middle) <u>Agnes</u> c. (Last) <u>Heinen</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>34</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>XXX</u> No..... Approximate date <u>2-24-58</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Intrauterine death; placental fibrin</u>		20a. FETAL CAUSES <u>None</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None except intrauterine death</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Donald J. Saltman</u> 23c. ATTENDANT'S ADDRESS <u>Grangeville, Idaho</u>	23b. DATE SIGNED <u>30 June 58</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>m.d.</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>June 27 -58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>to Dr. D. K. Merkley</u>	25d. LOCATION (City, town, or county) (State) <u>Lewiston Idaho</u>
DATE REC'D BY LOCAL REG <u>July 24, 1958</u>		REGISTRAR'S SIGNATURE <u>Isma Cone</u>	26. FUNERAL DIRECTOR ADDRESS

Schwarz

RECEIVED

(1949 Revision of Standard Certificate)

JUL 10 1958

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 107

Local Reg. No. 74

Reg. Dist. No. 200

1. PLACE OF STILLBIRTH (Where of Vital Statistics) a. COUNTY <u>Latah</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Washington</u> b. COUNTY <u>Spokane</u>	
b. CITY OR TOWN <u>Moscow</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Spokane</u> (If outside corporate limits, write RURAL and give township)	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gritman Memorial</u> (If not in hospital or institution, give street address or location)		d. STREET ADDRESS <u>E. 122 Portland St</u> (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>James Thomas Swann</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 4, 1958</u>
7. FATHER'S NAME a. (First) <u>Billy</u> b. (Middle) <u>Joe</u> c. (Last) <u>Swann</u>	8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Nashville, Tenn.</u>	11a. USUAL OCCUPATION <u>Medical Technician</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Lola</u> b. (Middle) <u>Deloris</u> c. (Last) <u>Holmes</u>	13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Kelso, Wash.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Lola A. Swann</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>11</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>December, 1957</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>none</u>	
		20b. MATERNAL CAUSES <u>none</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Prolopse of Cord</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean</u> <u>Cesarean section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:40 P. m.</u>		23a. ATTENDANT'S SIGNATURE <u>W E Adams</u> (Specify if M. D., midwife, or other) <u>M. D.</u>	
23c. ATTENDANT'S ADDRESS <u>Moscow, Idaho</u>		23b. DATE SIGNED <u>7/7/58</u>	
		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Short's</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>7/7/58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Moscow Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Moscow Idaho</u>
DATE REC'D BY LOCAL REG. <u>7/8/58</u>	REGISTRAR'S SIGNATURE <u>Blair E. Skaggs</u>	26. FUNERAL DIRECTOR ADDRESS <u>Moscow</u>	

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

92 108

200

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u> RECEIVED <u>AUG 15 1958</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u> Bureau of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u> d. STREET ADDRESS (If rural, give location) <u>Willis Sweet Hall</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Holder</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 31, 1958</u>
7. FATHER'S NAME (First) <u>Robert</u> (Middle) <u>William</u> (Last) <u>Holder</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Waterloo, Iowa</u>	11a. USUAL OCCUPATION <u>Instructor</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U. of I</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Jeanne</u> b. (Middle) <u>Anne</u> c. (Last) <u>Jones</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>28</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Columbus, Ohio</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>NONE</u> b. How many children were born alive but are now dead? <u>NONE</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>NONE</u>	
17. INFORMANT <u>Jeanne J. Holder</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>7</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>January 1958</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>unknown</u> 20b. MATERNAL CAUSES <u>unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:30</u> P.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>W E Adams M.D.</u> 23c. ATTENDANT'S ADDRESS <u>Moscow, Idaho</u> If NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		25b. DATE <u>8-12-1958</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Hazen & Jaeger</u>		25d. LOCATION (City, town, or county) (State) <u>Spokane, Washington</u>	
DATE REC'D BY LOCAL REG. <u>8/12/58</u>		26. FUNERAL DIRECTOR ADDRESS <u>Louis B. Skoog</u> <u>Samuel R. Free</u> <u>Moscow, Idaho</u>	

Adams

AUG 7 1958

CERTIFICATE OF STILLBIRTH

State of Idaho

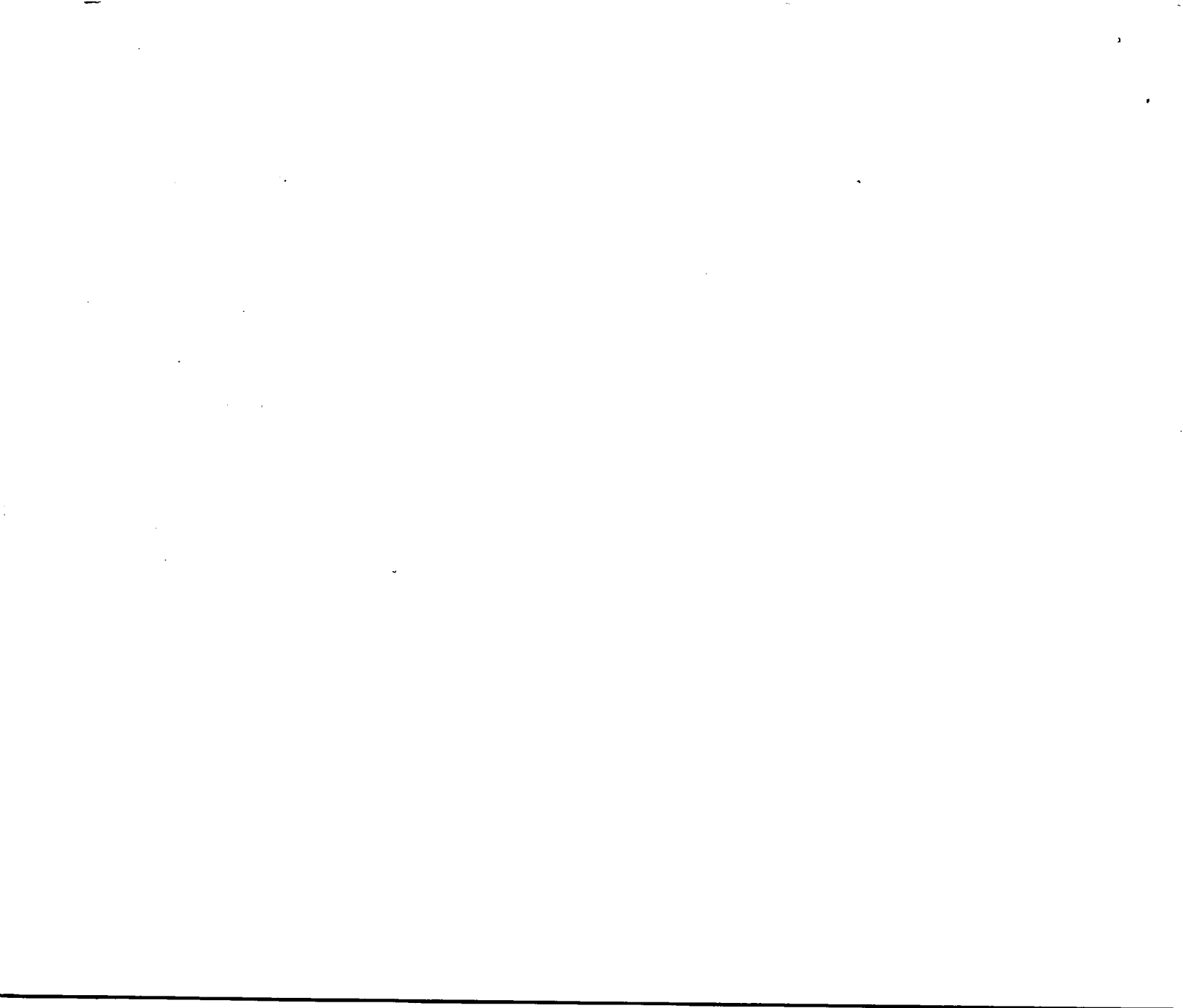
State File No. 109
Local Reg. No. 1
Reg. Dist. No. 500

1. PLACE OF STILLBIRTH a. COUNTY <u>Power</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>American Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Schultz Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) _____	
3. CHILD'S NAME (Type or Print) <u>Floyd Beard</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 25-1958</u>
7. FATHER'S NAME a. (First) <u>Floyd</u> b. (Middle) <u>E.</u> c. (Last) <u>Beard.</u>		8. COLOR OR RACE <u>White.</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Watsonville, Calif.</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farm.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Virginia</u> b. (Middle) <u>L.</u> c. (Last) <u>Bronillet</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Leominster, Mass.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Floyd E. Beard</u>			
18a. LENGTH OF PREG- <u>35</u> WKS WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No _____ Approximate date <u>April 30, 1958</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prolapsed cord,</u> 20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None (pains stopped after Twin I)</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Extraction Left M. Lat. episiotomy, footling</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>J. P. Harm, M.D.</u>		23b. DATE SIGNED <u>Jul 28, 1958</u>
	23c. ATTENDANT'S ADDRESS <u>American Falls, Idaho</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE _____	
25a. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>7-26-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Fallenview</u>	25d. LOCATION (City, town, or county) (State) <u>American Falls, Idaho</u>
DATE REC'D BY LOCAL REG. <u>7-28-58</u>	REGISTRAR'S SIGNATURE <u>Clara Duncan</u>	26. FUNERAL DIRECTOR <u>H. H. Davis</u> ADDRESS <u>Am. Falls, Idaho</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 110
Local Reg. No. 28
Reg. Dist. No. 212

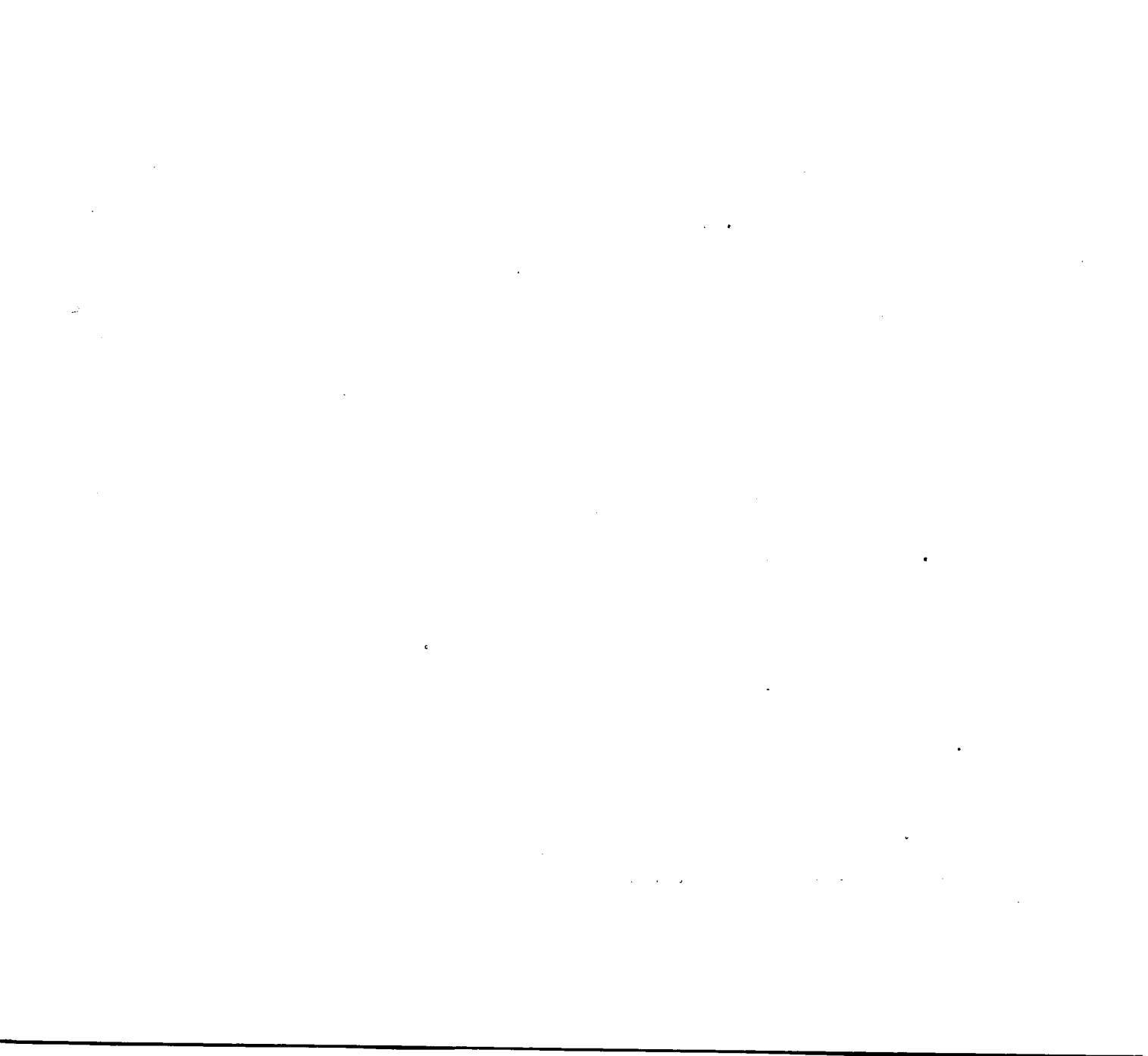
1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u> b. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>Pocatello</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u> d. STREET ADDRESS (If rural, give location) <u>124 Toponce</u>	
3. CHILD'S NAME (Type or Print) <u>CHARLES LINDLEY THISTLE</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 26, 1958</u>
7. FATHER'S NAME a. (First) <u>Charles</u> b. (Middle) <u>Lindley</u> c. (Last) <u>Thistle</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Lewiston, Maine</u>	11a. USUAL OCCUPATION <u>EM-C</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Navy</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Joan</u> b. (Middle) <u>Marilyn</u> c. (Last) <u>Stanley</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Kennebunk, Maine</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>One</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>One</u>	
17. INFORMANT <u>Joan Thistle, Mother</u>			
18a. LENGTH OF PREGNANCY <u>34</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>12</u> OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Extracranial hemorrhage</u>	
		20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
23a. ATTENDANT'S SIGNATURE <i>I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.</i>		23b. DATE SIGNED <u>9-15-58</u>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL (Specify if M. D., midwife, or other) <u>Physician</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>7-26-58</u>	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>SEP 18 1958</u>	REGISTRAR'S SIGNATURE <u>George Albright</u>		26. FUNERAL DIRECTOR ADDRESS <u>Bannock Memorial Hospital</u>



CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **111**
Local Reg. No. **127**
Reg. Dist. No. **610**

1. PLACE OF STILLBIRTH a. COUNTY Bonneville b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls, Idaho c. FULL NAME OF HOSPITAL OR INSTITUTION Idaho Falls L.D.S. Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelley, Idaho d. STREET ADDRESS (If rural, give location) Route #1	
3. CHILD'S NAME (Type or Print)			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 7 6 58
7. FATHER'S NAME a. (First) John b. (Middle) Ray c. (Last) Harker		8. COLOR OR RACE White	
9. AGE (At time of this birth) 41 YEARS	10. BIRTHPLACE (State or foreign country) Bicknell, Utah	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Frances b. (Middle) Myrtle c. (Last) Denney		13. COLOR OR RACE White	
14. AGE (At time of this birth) 39 YEARS	15. BIRTHPLACE (State or foreign country) Lovell, Wyoming	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 8 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mrs. John Harker, Mother			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Approximately March	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Cord around neck twice.	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:00 a.m.		23a. ATTENDANT'S SIGNATURE <i>W. Petty, M.D.</i>	23b. DATE SIGNED 8-24-58
		23c. ATTENDANT'S ADDRESS <i>Shelley, Idaho</i>	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Formalin	25b. DATE 7-8-58	25c. NAME OF CEMETERY OR CREMATORY L.D.S. Hospital Laboratory	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. July 8-1958	REGISTRAR'S SIGNATURE <i>Anna Budger</i>	26. FUNERAL DIRECTOR None	ADDRESS



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH

State File No. 112
Local Reg. No. 478
Reg. Dist. No. 6A

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>LDS Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u> d. STREET ADDRESS (If rural, give location) <u>223 Fisher</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Morris</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August 15, 1958</u>
7. FATHER'S NAME a. (First) <u>Herbert</u> b. (Middle) <u>N.</u> c. (Last) <u>Morris</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Printer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Kathleen</u> b. (Middle) <u>Phillips</u> c. (Last) <u>Phillips</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Herbert Morris</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>2/8/58</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Single Monster (Craniorachischia)</u>		
	20b. MATERNAL CAUSES <u>none</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Low forceps attempted</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>Edon Tall, M.D.</u>		23b. DATE SIGNED <u>8/19/58</u>
	23c. ATTENDANT'S ADDRESS <u>Regdy Idaho</u>	IF NOT attended by physician <input type="checkbox"/>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Jack A. Wood, Jr.</u> TITLE <u>Idaho Falls, Idaho</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>8/16/58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Ucon Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Ucon, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Aug 27-1958</u>	REGISTRAR'S SIGNATURE <u>Anna Budgen</u>		26. FUNERAL DIRECTOR <u>Jack A. Wood, Jr.</u> ADDRESS <u>Idaho Falls, Idaho</u>

CERTIFICATE OF STILLBIRTH
State of Idaho

RECEIVED
SEP 3 1958
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Nampa</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Nampa</u> TOWN	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>208-10 Ave. So. Ext.</u>	

3. CHILD'S NAME (Type or Print) <u>Sandra Sue Keahey</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 22 1958</u>

7. FATHER'S NAME a. (First) <u>Pleasant</u> b. (Middle) <u>F</u> c. (Last) <u>Keahey</u>		8. COLOR OR RACE <u>W</u>
9. AGE (At time of this birth) <u>22</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>21 YEARS</u>	11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME a. (First) <u>Jean</u> b. (Middle) <u>Schwartz</u> c. (Last)		13. COLOR OR RACE <u>W</u>
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>North Platte, Neb.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>

17. INFORMANT <u>Mrs. Kathryn Keahey</u>		
18a. LENGTH OF PREG-NANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date

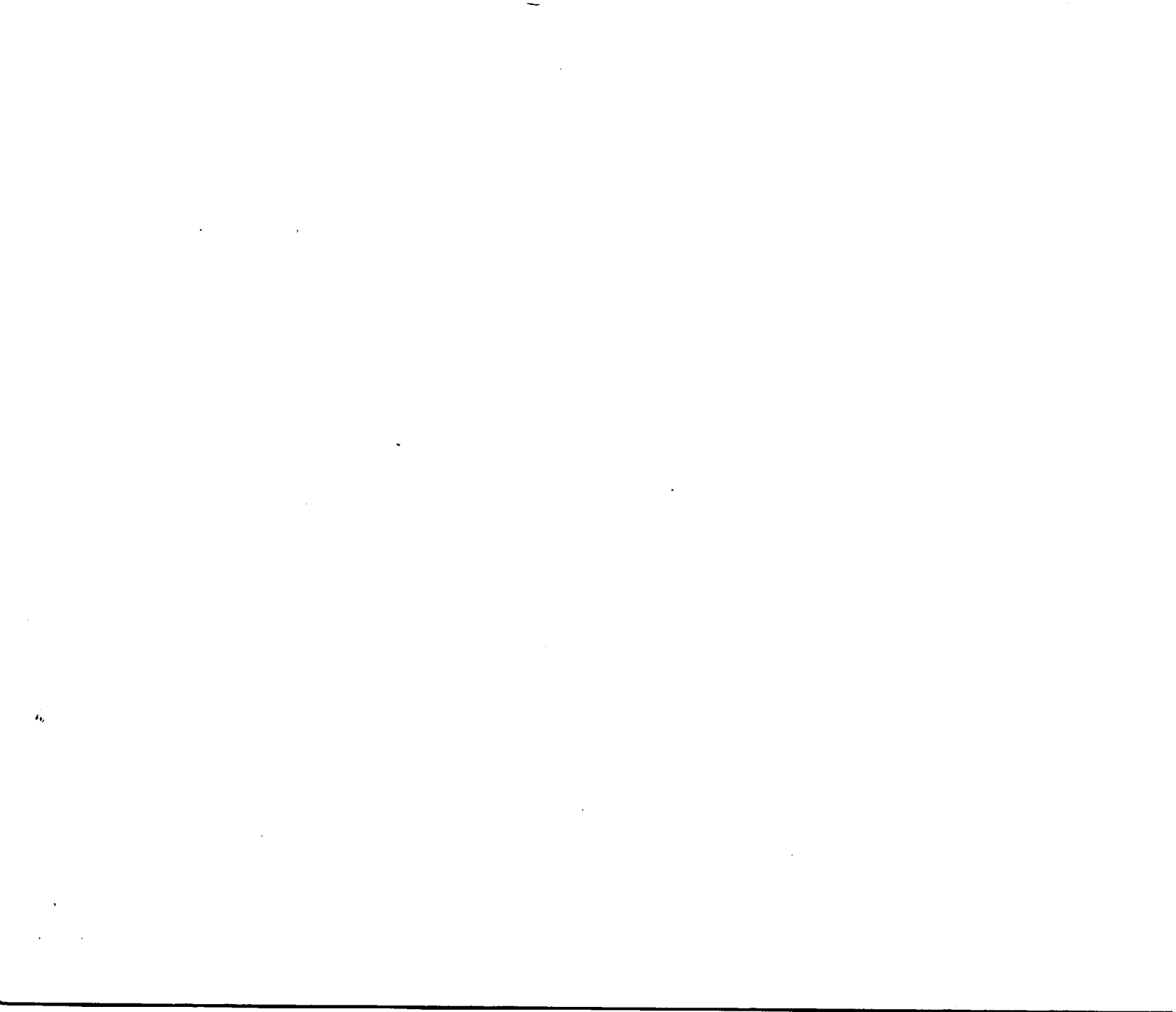
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES 20b. MATERNAL CAUSES <u>Pre Eclampsia</u>
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21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Pre Eclampsia</u>	22. STATE ALL OPERATIONS FOR DELIVERY
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:45 Am.</u>	23a. ATTENDANT'S SIGNATURE <u>J. C. Horton Jr MD</u>	23b. DATE SIGNED <u>6-23-58</u>
	23c. ATTENDANT'S ADDRESS <u>1223-7 St So, Nampa</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>6-24-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Kohlerlawn Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Nampa Idaho</u>
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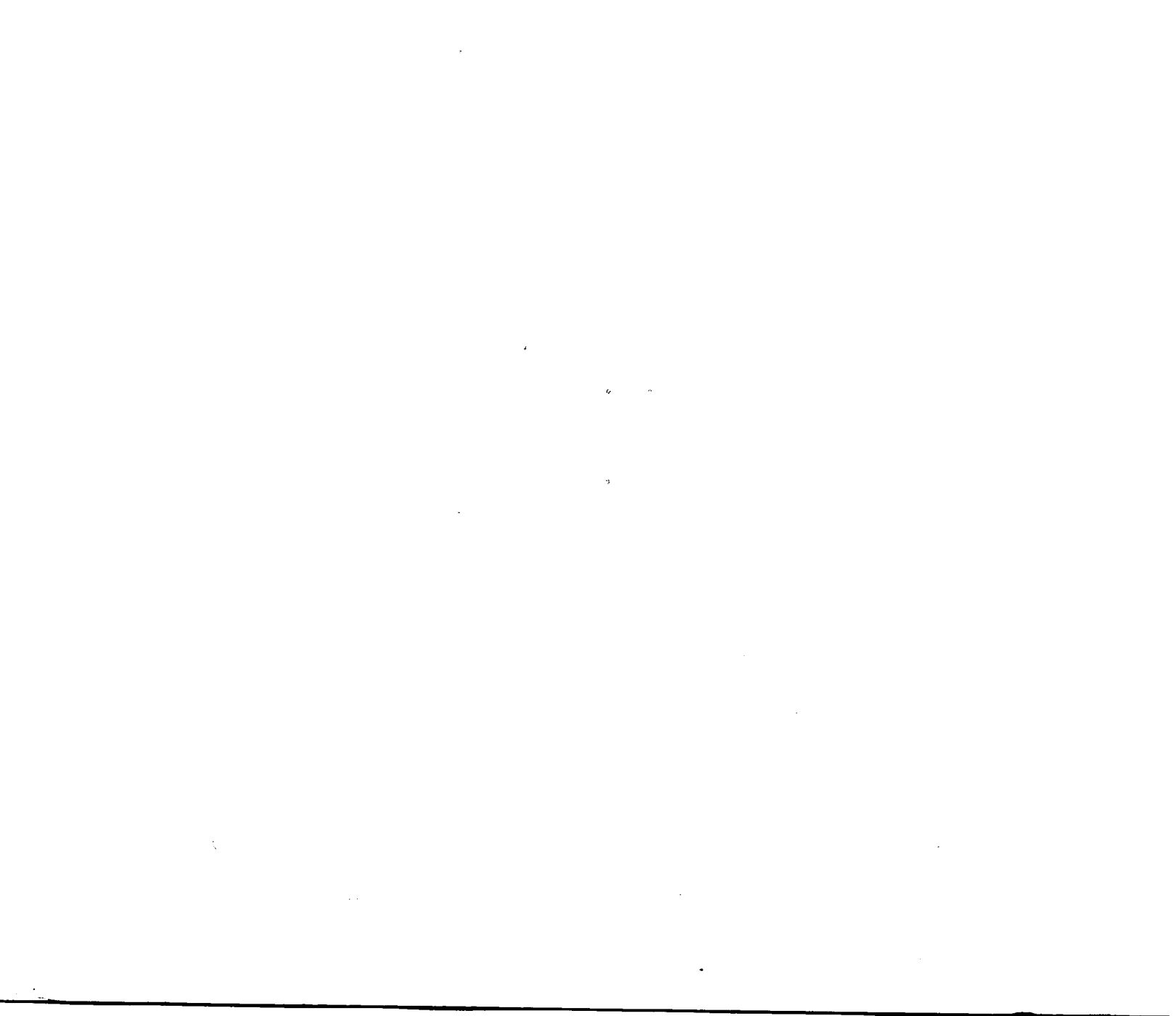
DATE REC'D BY LOCAL REG. <u>June 30, 1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. Jane Stead</u>	26. FUNERAL DIRECTOR <u>ALSIP FUNERAL CHAPEL</u>	ADDRESS <u>Nampa, Ida.</u> <u>404-10 Ave. So.</u>
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(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 114
Local Reg. No. 962
Reg. Dist. No. 362

1. PLACE OF STILLBIRTH a. COUNTY Canyon SEP 3 1958			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		
c. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			d. STREET ADDRESS (If rural, give location) RFD # 6		
3. CHILD'S NAME (Type or Print) BABY BOY HANSEN					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 27 1958		
7. FATHER'S NAME a. (First) IRWIN		b. (Middle) C.		c. (Last) HANSEN	
8. COLOR OR RACE Caucasian					
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) Platte, S. D.		11a. USUAL OCCUPATION Farm Laborer		11b. KIND OF BUSINESS OR INDUSTRY Farm
12. MOTHER'S MAIDEN NAME a. (First) ALVARETTA		b. (Middle)		c. (Last) DAVIS	
13. COLOR OR RACE Caucasian					
14. AGE (At time of this birth) 35 YEARS	15. BIRTHPLACE (State or foreign country) Ottumwa, Iowa.		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0		
17. INFORMANT S. O. Hansen					
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes. No. <u>5/24/58</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES - unknown. 20b. MATERNAL CAUSES Placental fibrosis			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.			23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) J. Marcus		23b. DATE SIGNED 7/3/58
23c. ATTENDANT'S ADDRESS J. Marcus		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE June 30, 1958	25c. NAME OF CEMETERY OR CREMATORY Kohlerlawn		25d. LOCATION (City, town, or county) (State) Nampa, Idaho	
DATE REC'D BY LOCAL REG. Aug. 15, 1958	REGISTRAR'S SIGNATURE Mrs. Jane Stech		26. FUNERAL DIRECTOR ADDRESS Robert F. Dickard, Nampa, Idaho DICKARD-EDMUNDS MORTUARY		



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho
RECEIVED
SEP 3 1958
Bureau of Vital Statistics

State File No. 115
Local Reg. No. 10
Reg. Dist. No. 36.2

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
c. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location) 807-11 Ave. So.	

3. CHILD'S NAME
(Type or Print) **INFANT LINDSEY**

4. SEX	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 21 1958
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7. FATHER'S NAME a. (First) Neil b. (Middle) Walter c. (Last) Lindsey	8. COLOR OR RACE W
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9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Spokane, Wash	11a. USUAL OCCUPATION French Cleaners	11b. KIND OF BUSINESS OR INDUSTRY Dry cleaning
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12. MOTHER'S MAIDEN NAME a. (First) Mildred b. (Middle) McElroy c. (Last) McElroy	13. COLOR OR RACE W
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14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Wyoming	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0
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17. INFORMANT Neil Lindsey	18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May 1958
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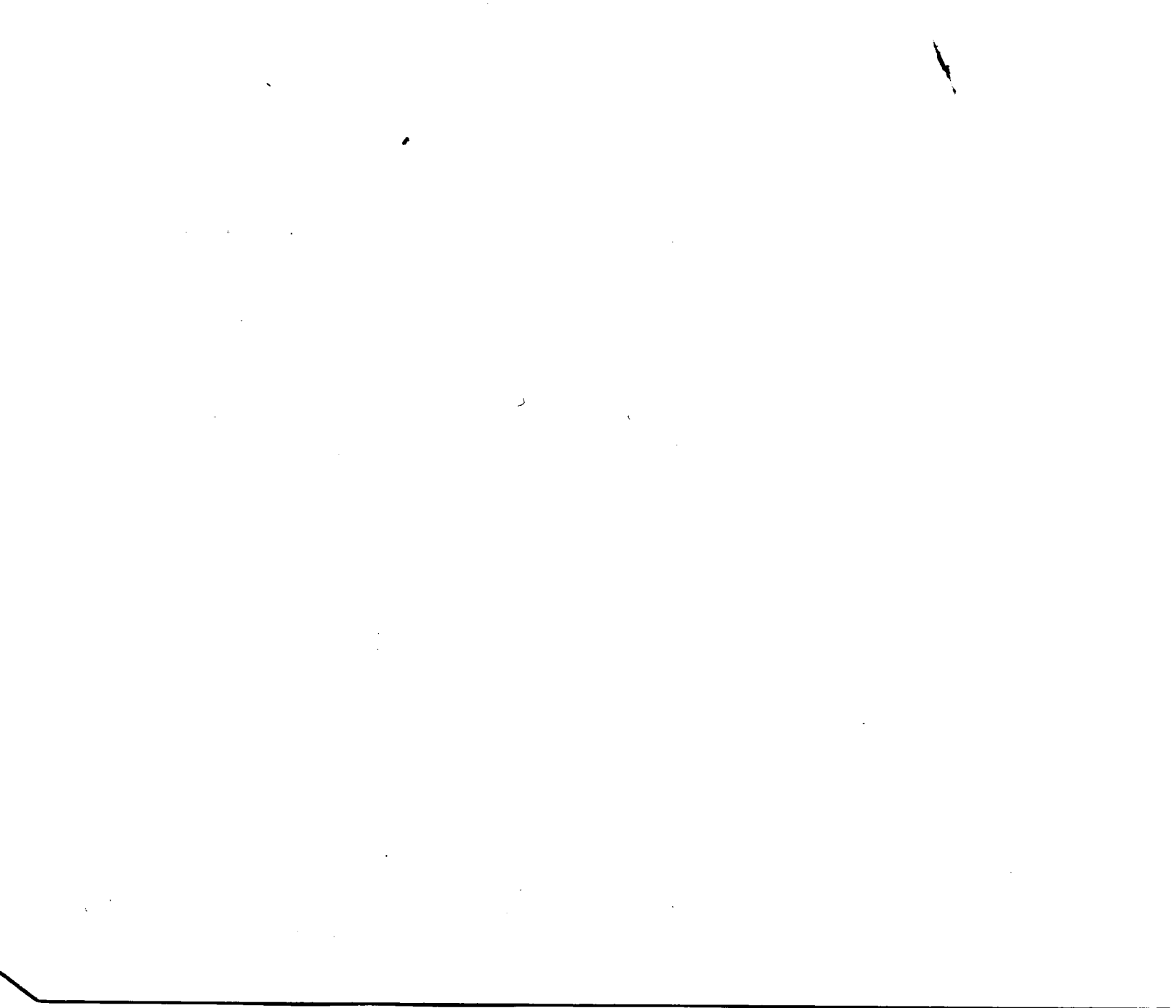
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May 1958
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown
		20b. MATERNAL CAUSES Unknown

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Pylonephritis	22. STATE ALL OPERATIONS FOR DELIVERY D+C for removal of placenta
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE B. R. Jordan	(Specify if M. D., midwife, or other) M.D.	23b. DATE SIGNED 22 July 1958
	23c. ATTENDANT'S ADDRESS Nampa Idaho	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL John F. Alsip, Jr.

25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 7-22-58	25c. NAME OF CEMETERY OR CREMATORY Mountain View Crematory	25d. LOCATION (City, town, or county) (State) Ada County Idaho
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DATE REC'D BY LOCAL REG. Aug 15, 1958	REGISTRAR'S SIGNATURE Mrs. Janet Steek	26. FUNERAL DIRECTOR John F. Alsip, Jr.	ADDRESS Nampa, Idaho Alsip Funeral Chapel
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CERT #116

YEAR 1950

IDAHO STILLBIRTH CERTIFICATE



VOIDED DUP OF 1950-105

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
REC-510
State of Idaho

State File No. **117**
Local Reg. No. **520-521**
Reg. Dist. No. **520-521**

1. PLACE OF STILLBIRTH a. COUNTY Caribou		USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Soda Springs		b. COUNTY Caribou	
c. FULL NAME OF HOSPITAL OR INSTITUTION Caribou Co. Hospital		d. STREET ADDRESS (If rural, give location) Bancroft	
3. CHILD'S NAME (Type or Print) Infant Moore			
4. SEX Boy	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Aug. 19, 1958
7. FATHER'S NAME a. (First) Beyon	b. (Middle)	c. (Last) Moore	7b. COLOR OR RACE White
9. AGE (At time of this birth) 42 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Self
12. MOTHER'S MAIDEN NAME a. (First) Lucy	b. (Middle)	c. (Last) Egbert	13. COLOR OR RACE White
14. AGE (At time of this birth) 38 YEARS	15. BIRTHPLACE (State or foreign country) Fairview Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Beyon Moore			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 9 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date June 1958	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Undetermined		
	20b. MATERNAL CAUSES Undetermined		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Bleeding - Uterine inertia		22. STATE ALL OPERATIONS FOR DELIVERY Cesarean Section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Florence M. Entire		23b. DATE SIGNED 8-21-58
	23c. ATTENDANT'S ADDRESS Soda Springs, Idaho	24. SIGNATURE OF AUTHORIZED OFFICIAL Thendore Allen TITLE Address Soda Springs, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 8/21/58	25c. NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery	25d. LOCATION (City, town, or county) (State) Chesterfield, Idaho
DATE REC'D BY LOCAL REG. Aug. 21, 1958	REGISTRAR'S SIGNATURE Florence M. Entire	26. FUNERAL DIRECTOR Thendore Allen ADDRESS Soda Springs, Idaho	

MAR 16 1970

CERTIFICATE OF STILLBIRTH
State of Idaho

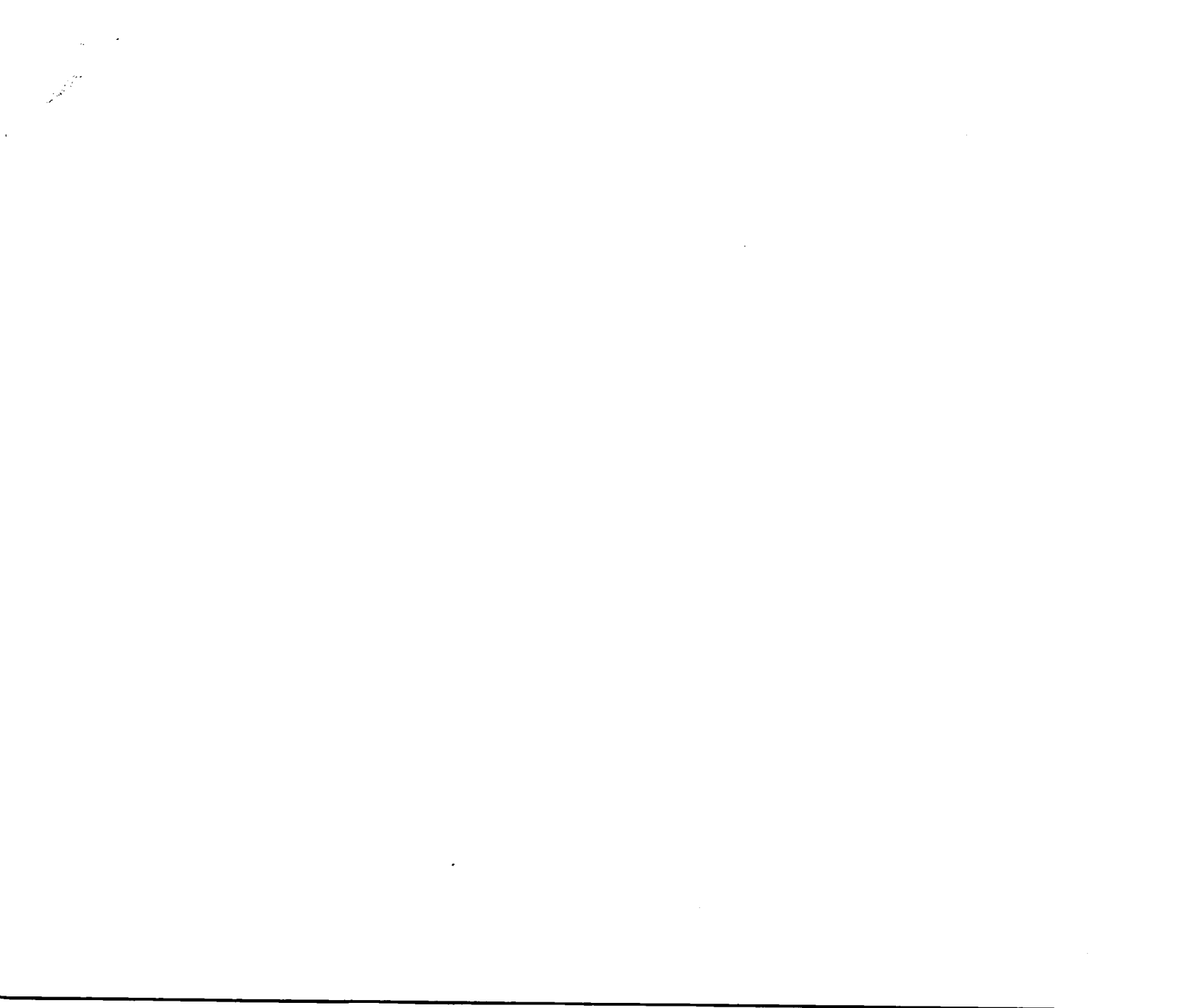
RECEIVED
AUG 29 1958
Bureau of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY Elmore		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Elmore	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Home	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Elmore Memorial Hospital		d. STREET ADDRESS (If rural, give location) 111 Mountain View Drive	
3. CHILD'S NAME (Type or Print) PORTIA LYNN JOHNSON			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 18, 1958
7. FATHER'S NAME a. (First) Joseph b. (Middle) A. c. (Last) Johnson		8. COLOR OR RACE White	
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Capt. U.S.A.F.	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Viola b. (Middle) Ray c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Sample			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES hydrocephalus 20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY episiotomy only	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) Thelma W. Jackson 23c. ATTENDANT'S ADDRESS Mountain Home, Idaho If NOT attended by physician	
23b. DATE 8-21-58		24. SIGNATURE OF AUTHORIZED OFFICIAL Arthur Smith TITLE Bey Mortuary, Inc.	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 8-21-58	25c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	25d. LOCATION (City, town, or county) (State) Mountain Home, Idaho
DATE REC'D BY LOCAL REG. Aug 22 1958		26. FUNERAL DIRECTOR'S ADDRESS Bey Mortuary, Inc. Mtn. Home, Idaho	

CERTIFICATE OF STILLBIRTH
RE **State of Idaho**

State File No. **119**
Local Reg. No. **35**
Reg. Dist. No. **380-391**

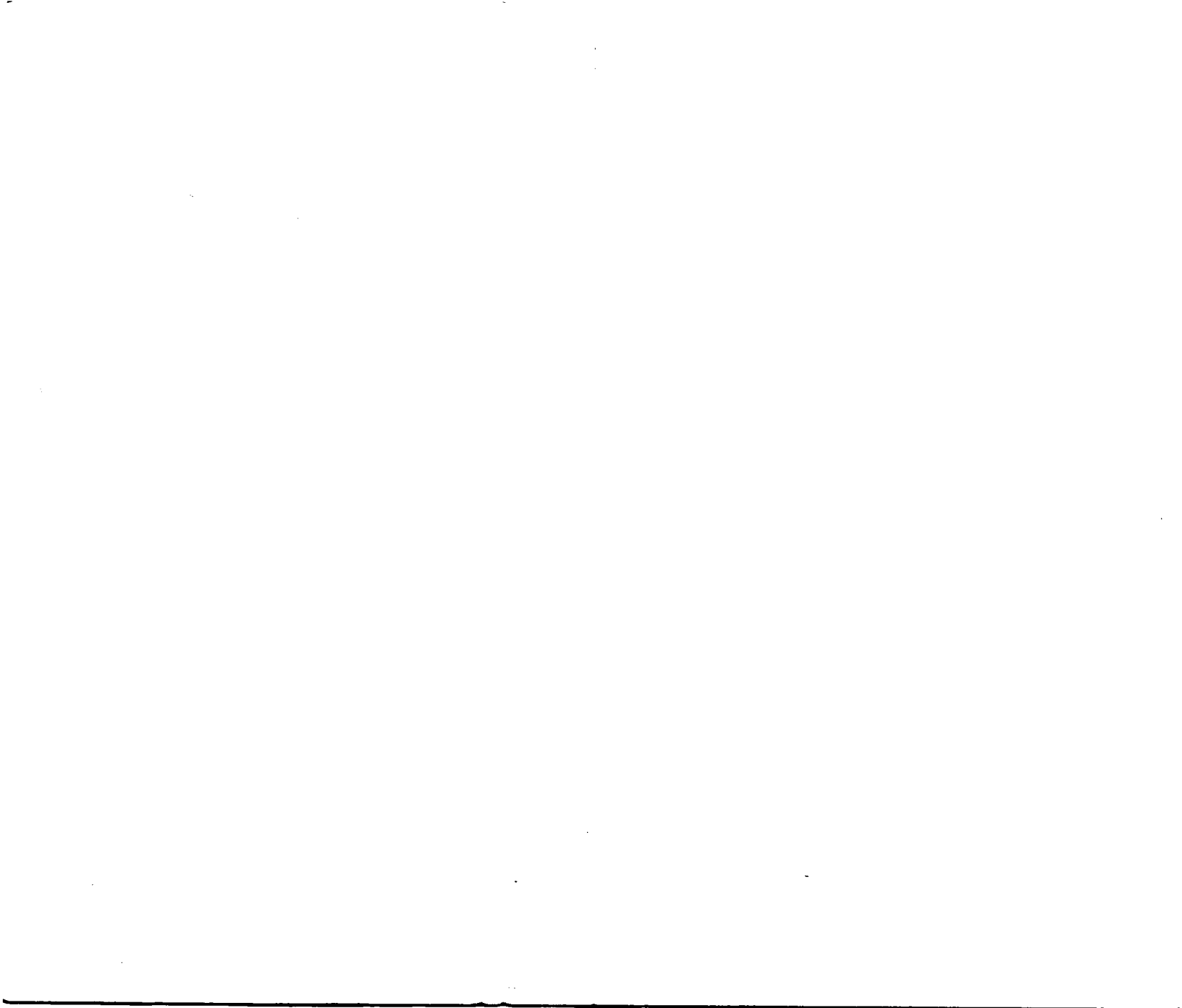
1. PLACE OF STILLBIRTH a. COUNTY Elmore SEP 15 1958		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Elmore	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Home	
c. FULL NAME OF HOSPITAL OR INSTITUTION Elmore Memorial Hospital		d. STREET ADDRESS (If rural, give location) # 124 Bennett Park	
3. CHILD'S NAME (Type or Print) DEBBIE ANN EVERETT			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 30, 1958
7. FATHER'S NAME a. (First) James b. (Middle) L. c. (Last) Everett		8. COLOR OR RACE White	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION U. S. Navy	11b. KIND OF BUSINESS OR INDUSTRY Air Corps
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) Kay c. (Last) Durden		13. COLOR OR RACE White	
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country) Georgia	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mrs. William L. Baker			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date April 1958	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES none 20b. MATERNAL CAUSES Eclampsia	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Eclampsia		22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Malcolm J. Gelsch, M.D. 23b. DATE SIGNED Sept. 3, 1958	
23c. ATTENDANT'S ADDRESS Mountain Home, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Bey Mortuary TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 9/3/58	25c. NAME OF CEMETERY OR CREMATORY Mtn. View Cemetery	25d. LOCATION (City, town, or county) (State) Mountain Home, Idaho
DATE REC'D BY LOCAL REG. Sept 8 1958	REGISTRAR'S SIGNATURE [Signature]	26. FUNERAL DIRECTOR ADDRESS Bey Mortuary Mtn. Home, Idaho	



CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 120
Local Reg. No. 37
Reg. Dist. No. 640

1. PLACE OF STILLBIRTH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rigby</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rigby</u> TOWN <u>Rural</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rigby Maternity Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. #1. 2 Mi. So.</u>	
3. CHILD'S NAME (Type or Print) <u>BABY COOK</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August 13, 1958</u>
7. FATHER'S NAME a. (First) <u>Don</u> b. (Middle) <u>Ford</u> c. (Last) <u>Cook</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>42</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho Falls, Ida.</u>	11a. USUAL OCCUPATION <u>Mechanic</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Clara</u> b. (Middle) <u>Greenwood</u> c. (Last) <u>Greenwood</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>40</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Grant, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>8</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Don J Cook</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>May 1958</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Choked cord -</u>	
		20b. MATERNAL CAUSES <u>none</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Clara Tall, M.D.</u> 23c. ATTENDANT'S ADDRESS <u>Rigby, Idaho</u>	
		23b. DATE SIGNED <u>8/14/58</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Bruce D. Erickson</u> TITLE <u>Rigby, Idaho.</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Aug. 14, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Pioneer</u>	25d. LOCATION (City, town, or county) (State) <u>Rigby Jefferson Idaho.</u>
DATE REC'D BY LOCAL REG. <u>8/14/58</u>	REGISTRAR'S SIGNATURE <u>Mrs. A. B. Erickson</u>	26. FUNERAL DIRECTOR <u>Bruce D. Erickson</u> ADDRESS <u>Rigby, Idaho.</u>	



CERTIFICATE OF STILLBIRTH
RECEIVED
State of Idaho

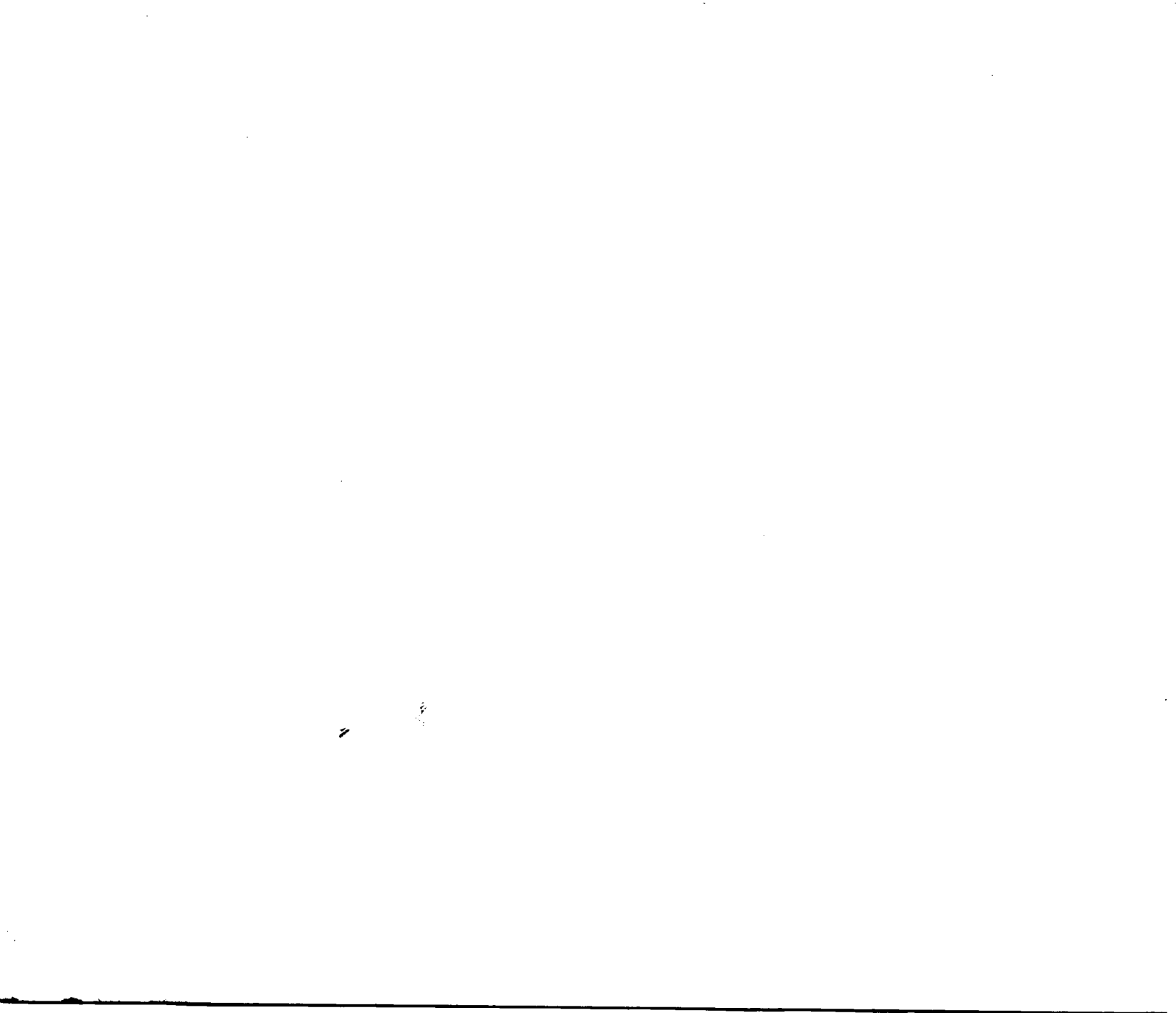
State File No. 121
Local Reg. No. 99
Reg. Dist. No. 200

1. PLACE OF STILLBIRTH a. COUNTY Latah		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Latah	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moscow		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moscow	
c. FULL NAME OF HOSPITAL OR INSTITUTION Gritman Memorial		d. STREET ADDRESS (If rural, give location) 615 E 8th Street.	
3. CHILD'S NAME (Type or Print) Baby Girl Jones			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Aug. 10, 1958
7. FATHER'S NAME a. (First) James b. (Middle) Eugene c. (Last) Jones		8. COLOR OR RACE white	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Gargield, Wash.	11a. USUAL OCCUPATION Warehouseman	11b. KIND OF BUSINESS OR INDUSTRY Pureline Seed
12. MOTHER'S MAIDEN NAME a. (First) Rita b. (Middle) Ann c. (Last) Breeden		13. COLOR OR RACE white	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Desmet, S. D	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Two b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? one	
17. INFORMANT Rita Ann Jones			
18a. LENGTH OF PREGNANCY 34 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 6 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date March 1958	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Prematurity		20a. FETAL CAUSES Prematurity	
		20b. MATERNAL CAUSES Prematurity & Breech	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Breech + Premature labor		22. STATE ALL OPERATIONS FOR DELIVERY Breech extraction	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:05 a.m.		23a. ATTENDANT'S SIGNATURE Lakle J. Stephens M.D.	23b. DATE SIGNED 8-12-58
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL E. R. Short
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 8-11-1958	25c. NAME OF CEMETERY OR CREMATORY Moscow Catholic	25d. LOCATION (City, town, or county) (State) Moscow, Idaho
DATE REC'D BY LOCAL REG. 9/2/58	REGISTRAR'S SIGNATURE Laird E. Skoog	26. FUNERAL DIRECTOR ADDRESS Moscow, Idaho	

RECEIVED
(1949 Revision of Standard Certificate)
BUREAU OF VITAL STATISTICS
AUG 11 1958
State of Idaho

122
State File No.
Local Reg. No. 310
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY <u>TWIN FALLS</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TWIN FALLS</u>		b. COUNTY <u>TWIN FALLS</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hosp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TWIN FALLS</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Boyd</u>		d. STREET ADDRESS (If rural, give location) <u>1520-7th W. E.</u>	
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>8-2-58</u>
7. FATHER'S NAME a. (First) <u>Roger</u> b. (Middle) <u>Bert</u> c. (Last) <u>Boyd</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Twin Falls-Id.</u>	11a. USUAL OCCUPATION <u>DELIVERY MAN</u> <u>FARM HAND</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Doris</u> b. (Middle) <u>LEONA</u> c. (Last) <u>French</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>NEW. S. - COLORADO</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mother & Husband</u>			
18a. LENGTH OF PREGNANCY <u>35</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <u>✓</u> No. <u> </u> Approximate date <u>Feb 1958</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Anencephalic</u> 20b. MATERNAL CAUSES <u>Polyhydramnios.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Polyhydramnios.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean Delivery</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:36 A.M.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Douglas Schaw M.D.</u> 23b. DATE SIGNED <u>Aug 3, 1958</u>	
23c. ATTENDANT'S ADDRESS <u>Twin Falls Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>August 4, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Magic Valley Memorial Hospital, Twin Falls, Idaho</u>	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>AUG 6 1958</u>	REGISTRAR'S SIGNATURE <u>Lenora O. Luman</u>	26. FUNERAL DIRECTOR ADDRESS <u>Magis Valley Mem Hosp Pathologist Twin Falls, Idaho</u>	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

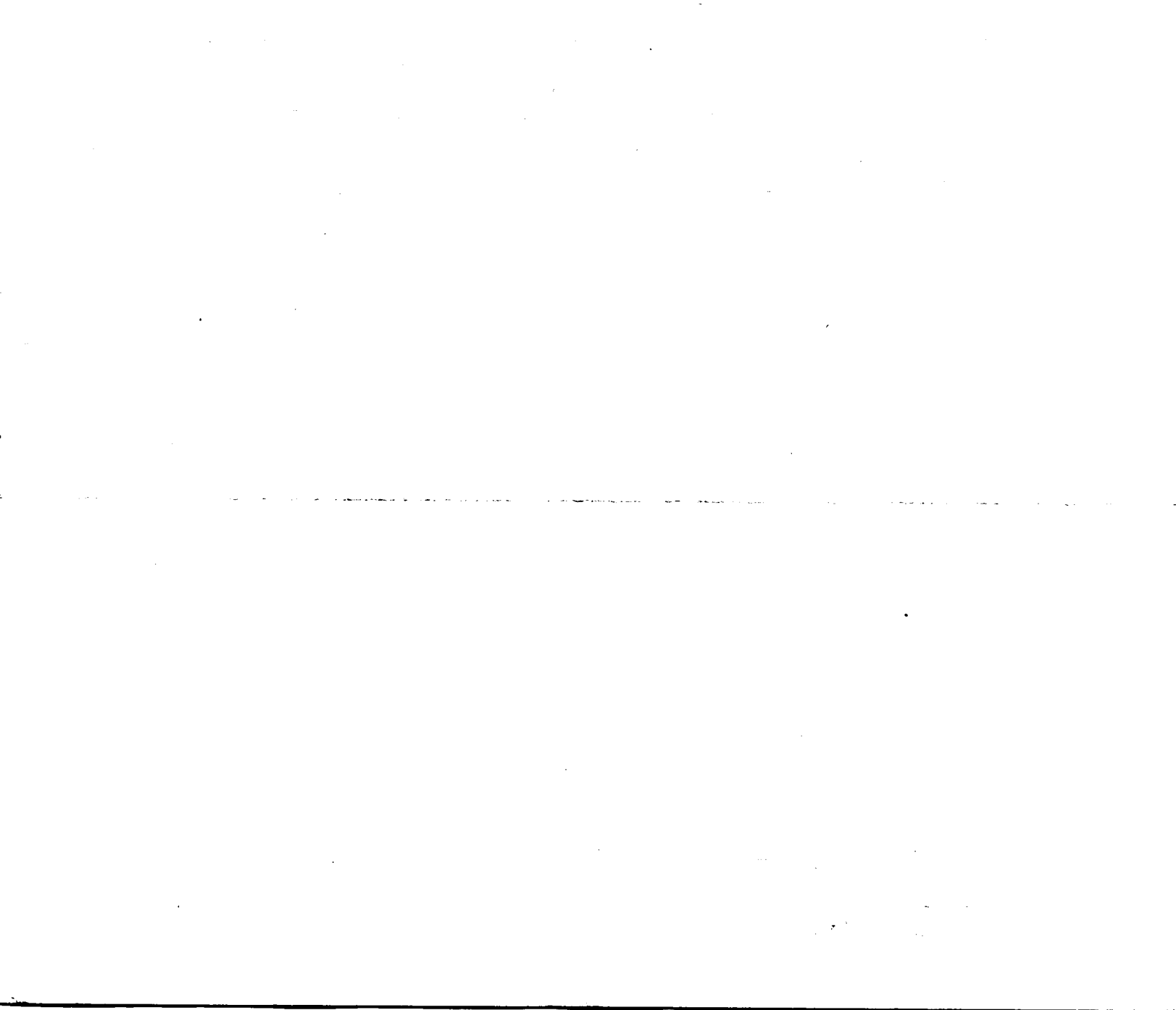
State File No. 123
Local Reg. No. 323
Reg. Dist. No. 46.0

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Magic Valley Memorial</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gooding</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wendell</u> d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Richeson</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August 21 1958</u>
7. FATHER'S NAME a. (First) <u>Marvin</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Richeson</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>28</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Beverly</u> b. (Middle) <u>Ann</u> c. (Last) <u>Sprenger</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Marvin E. Richeson</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>March 1958</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Hydrops Fetalis</u> 20b. MATERNAL CAUSES <u>RH sensitization</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Hydrannios</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Angela Khan</u> 23c. ATTENDANT'S ADDRESS <u>Twin Falls, Idaho</u>	23b. DATE SIGNED <u>8/22/58</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>JR Wey</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Aug 23, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Wendell</u>	25d. LOCATION (City, town, or county) (State) <u>Wendell Idaho</u>
DATE REC'D BY LOCAL REG. <u>Aug. 22, 1958</u>		REGISTERAR'S SIGNATURE <u>Lenna O. Human</u>	26. FUNERAL DIRECTOR <u>JR Wey</u> ADDRESS <u>Jerome Idaho</u>

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **124**
Local Reg. No. **12**
Reg. Dist. No. **320**

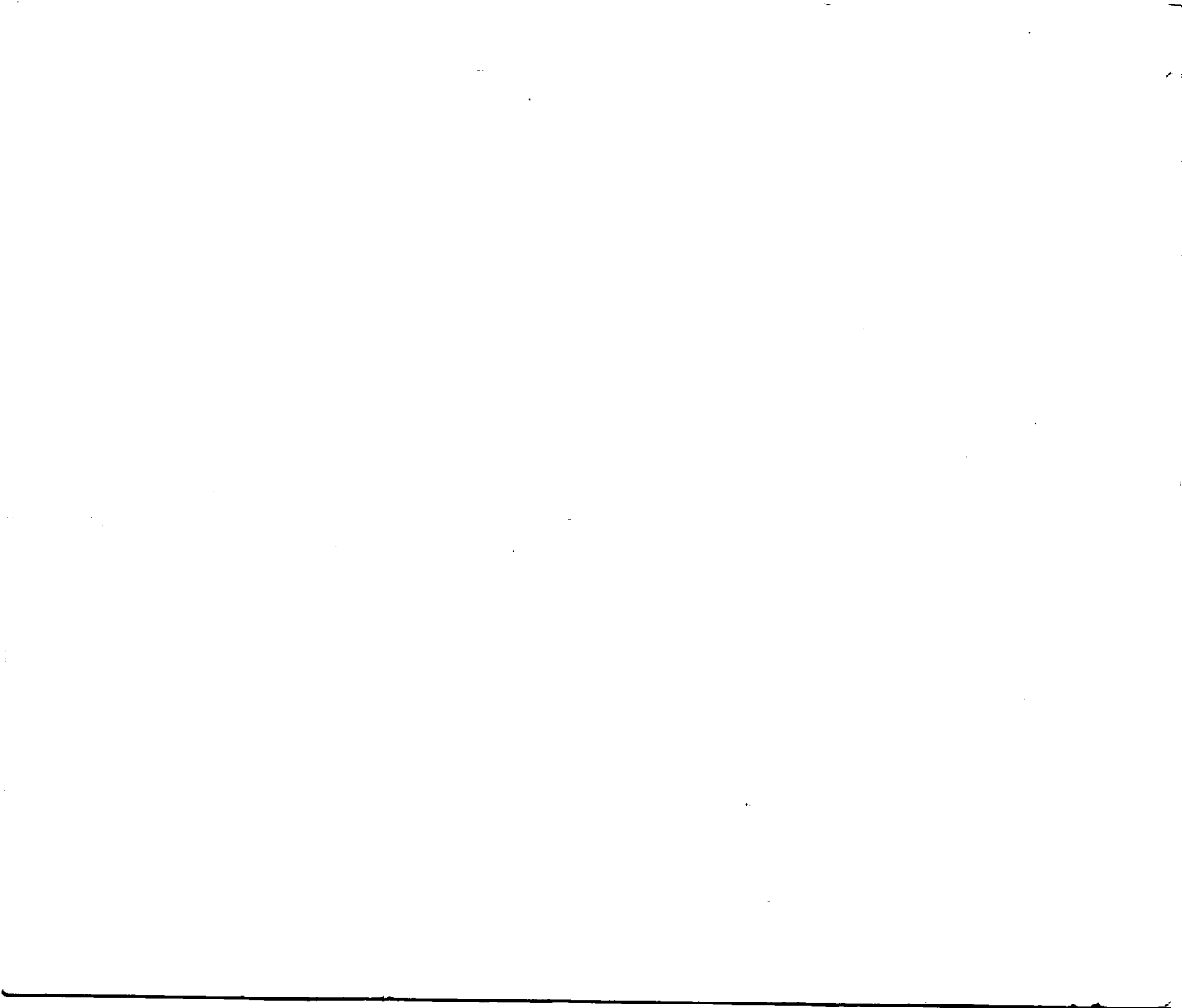
1. PLACE OF STILLBIRTH a. COUNTY Washington		RECEIVED SEP 9 1958		USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Oregon		b. COUNTY Baker	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Homestead		d. STREET ADDRESS (If rural, give location) Brownlee, Station			
c. FULL NAME OF HOSPITAL OR INSTITUTION Weiser, Memorial		d. FULL NAME OF HOSPITAL OR INSTITUTION Bureau, Wyo.					
3. CHILD'S NAME (Type or Print) JOHN CHARLES BELLEGANTE							
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) Aug. 25, 1958			
7. FATHER'S NAME a. (First) JOHN b. (Middle) P. c. (Last) BELLEGANTE		8. COLOR OR RACE White					
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) Rock Springs, Wyo.	11a. USUAL OCCUPATION Foreman		11b. KIND OF BUSINESS OR INDUSTRY M-K			
12. MOTHER'S MAIDEN NAME a. (First) Virginia b. (Middle) c. (Last) Depps		13. COLOR OR RACE White					
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Branson, Missouri	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?					
17. INFORMANT John P. Bellegante							
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date					
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Placental Separation 20b. MATERNAL CAUSES Tolerance, Preg.					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR				22. STATE ALL OPERATIONS FOR DELIVERY			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE MRS. M. B. Smith		(Specify if M, D, midwife, or other)		23b. DATE SIGNED 8-26-58	
23c. ATTENDANT'S ADDRESS		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL H. B. Dalby		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) burial	25b. DATE 8-26-58	25c. NAME OF CEMETERY OR CREMATORY Hillcrest		25d. LOCATION (City, town, or county) (State) Weiser, Idaho			
DATE REC'D BY LOCAL REG. 8-26-58		REGISTRAR'S SIGNATURE F. R. Thomson		26a. FUNERAL DIRECTOR H. B. Dalby		ADDRESS Weiser, Idaho	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **125**
Local Reg. No. **344**
Reg. Dist. No. **370**

1. PLACE OF STILLBIRTH a. COUNTY <i>Ada</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Ada</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Boise</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Boise</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Lukes Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>1005 E. Washington St</i>	
3. CHILD'S NAME (Type or Print) <i>(female) Woodward</i>			
4. SEX <i>Female</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>9 25 '58</i>
7. FATHER'S NAME a. (First) <i>James</i> b. (Middle) <i>Lee</i> c. (Last) <i>Woodward</i>		8. COLOR OR RACE <i>white</i>	
9. AGE (At time of this birth) <i>38</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Eden, Idaho USA</i>	11a. USUAL OCCUPATION <i>Painter</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>automobile</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Barbara</i> b. (Middle) <i>Emma</i> c. (Last) <i>Lepton</i>		13. COLOR OR RACE <i>white</i>	
14. AGE (At time of this birth) <i>29</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Grandview, Ida. USA</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>2</i> b. How many children were born alive but are now dead? <i>3</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <i>mother - Mary G Jackson R.N.</i>			
18a. LENGTH OF PREGNANCY <i>37</i> WEEKS	18b. WEIGHT AT BIRTH <i>4</i> LBS. <i>2</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Placental insufficiency</i>	
		20b. MATERNAL CAUSES <i>None apparent</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Spontaneous delivery</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>1:31</i> P. M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>James C. Chapman, M.D.</i>	
23c. ATTENDANT'S ADDRESS <i>310 Idaho St. Boise, Idaho</i>		23b. DATE SIGNED <i>Sept. 27, 1958</i>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <i>Paul H. Hill</i>		23e. TITLE <i>SUMMERS FUNERAL HOME</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Crementation</i>	25b. DATE <i>9/30/58</i>	25c. NAME OF CEMETERY OR CREMATORY <i>St. Lukes Hospital</i>	25d. LOCATION (City, town, or county) (State) <i>Boise, Idaho</i>
DATE REC'D BY LOCAL REG. <i>10-6-58</i>	REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>	26. FUNERAL DIRECTOR <i>Paul H. Hill</i> ADDRESS <i>Boise, Idaho</i>	



Koeckch.

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 126

Local Reg. No. 343

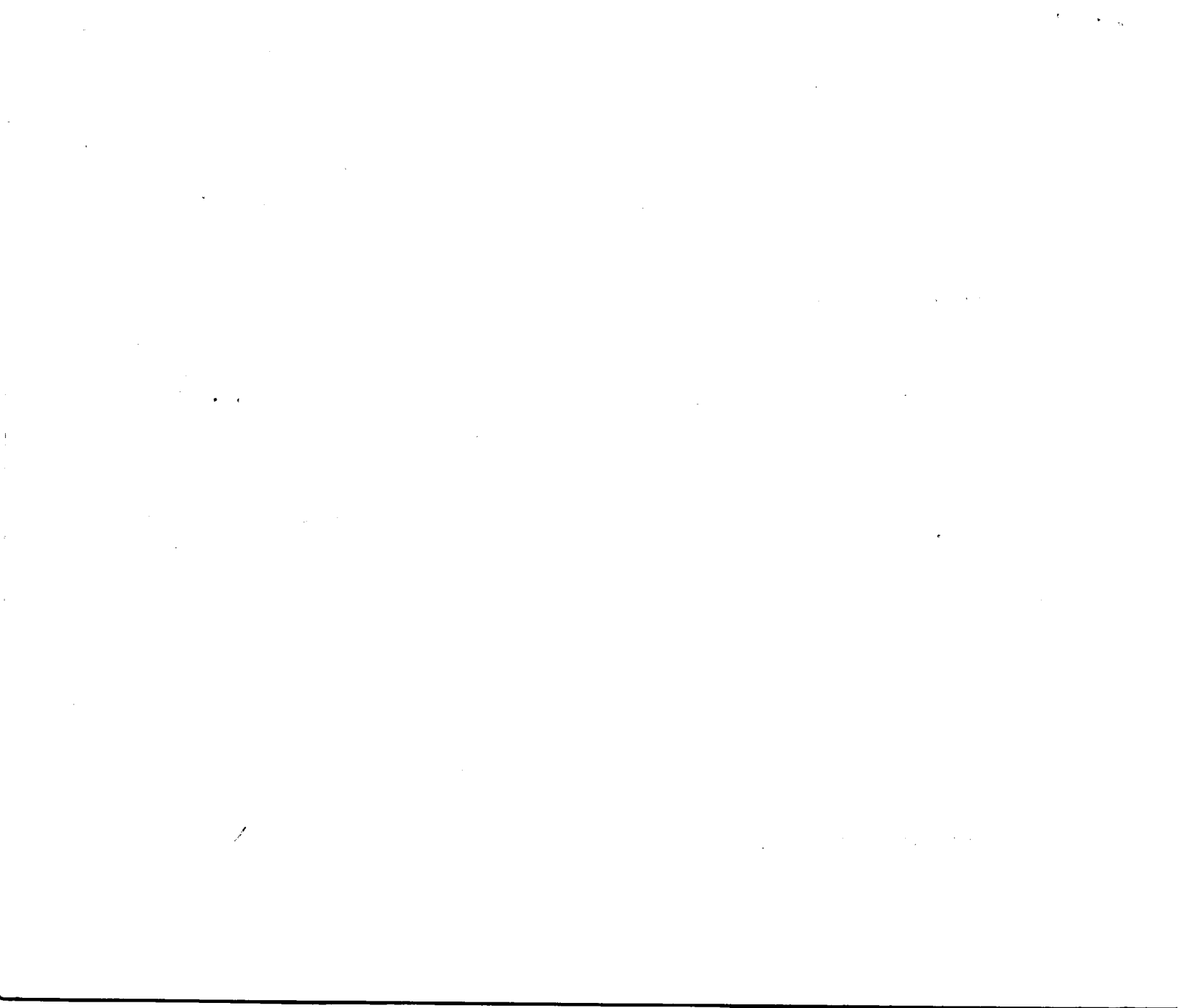
Reg. Dist. No. 372

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Alphonsus</u>		d. STREET ADDRESS (If rural, give location) <u>2412 S. Pendelton</u>	
3. CHILD'S NAME (Type or Print) <u>Sharon Louise Burns</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Sept. 30 1958</u>
7. FATHER'S NAME a. (First) <u>Keith</u> b. (Middle) <u>Robert</u> c. (Last) <u>Burns</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>28</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Boise, Ida.</u>	11a. USUAL OCCUPATION <u>Telegrapher</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Union Pacific R. R.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Barbara</u> b. (Middle) <u>Ann</u> c. (Last) <u>McGough</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Sprague, Wash.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Kath R Burns</u>			
18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Cord tight around neck twice.</u>		20a. FETAL CAUSES <u>None apparent.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10 P. m.</u>		23a. ATTENDANT'S SIGNATURE <u>W. A. Koeckch MD</u> 23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>	
23b. DATE SIGNED <u>10-2-58</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Edmund G. Schreiber</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Oct. 2 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. John's</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>10-3-58</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>Schreiber-McCann-Gibson</u> ADDRESS <u>Boise</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 127
Local Reg. No. 43
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u> d. STREET ADDRESS (If rural, give location) <u>554 West Fremont</u>	
3. CHILD'S NAME (Type or Print) <u>Baby</u> <u>Boy</u> <u>Johnson</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 12, 1958</u>
7. FATHER'S NAME a. (First) <u>Golden</u> b. (Middle) <u>Harold</u> c. (Last) <u>Johnson</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Buckhorn, Kentucky</u>	11a. USUAL OCCUPATION <u>Electrician</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Navy</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Linda</u> b. (Middle) <u>Clara</u> c. (Last) <u>Holdren</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>18</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Cannelton, West Virginia</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Mrs. Linda Johnson</u> (Mother) <u>None</u> <u>None</u> <u>None</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u> </u> OZS. <u> </u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u> </u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Constriction of Umbilical Cord.</u>		
	20b. MATERNAL CAUSES <u>None noted</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u> </u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>B. L. Thompson, M.D.</u>	
23b. DATE SIGNED <u>10-9-58</u>		23c. ATTENDANT'S ADDRESS <u>1448 E. Center</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Paul R. H. [Signature]</u>		TITLE <u>Administrator, Bannock Memorial Hospital</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>July 12, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u> </u>	
25d. LOCATION (City, town, or county) (State) <u>Pocatello, Idaho</u>		25e. FUNERAL DIRECTOR <u>Paul R. H. [Signature]</u>	
DATE REC'D BY LOCAL REG. <u>OCT 2 1 1958</u>		REGISTRAR'S SIGNATURE <u>Lixie Clearight</u>	



CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 128
Local Reg. No. 37
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u> d. STREET ADDRESS (If rural, give location) <u>859 West Lander</u>		
3. CHILD'S NAME (Type or Print) <u>CHRISTA K. HENDRICKS</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 31, 1958</u>		
7. FATHER'S NAME a. (First) <u>William</u> b. (Middle) <u>K.</u> c. (Last) <u>Hendricks</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Pocatello, Idaho</u>	11a. USUAL OCCUPATION <u>Steno-Clerk</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U.P.R.R.</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Lois</u> b. (Middle) <u>Caroline</u> c. (Last) <u>McNichols</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>31</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Pocatello, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Three</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>			
17. INFORMANT <u>Lois Hendricks, Mother</u>					
18a. LENGTH OF PREGNANCY <u>34</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u> </u> OZS. <u> </u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>June 1958</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None</u>			
		20b. MATERNAL CAUSES <u>Placental insufficiency. Premature.</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Antisepsis None</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>Forceps, Amnio + neg</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>[Signature]</u>		23b. DATE SIGNED <u>7-23-58</u>	
		23c. ATTENDANT'S ADDRESS <u>[Signature]</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>7-31-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Downards</u>		25d. LOCATION (City, town, or county) (State) <u>Pocatello, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>SEP 2 9 1958</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	26. FUNERAL DIRECTOR <u>[Signature]</u>		ADDRESS <u>Pocatello, Ida</u>	

CERTIFICATE OF STILLBIRTH

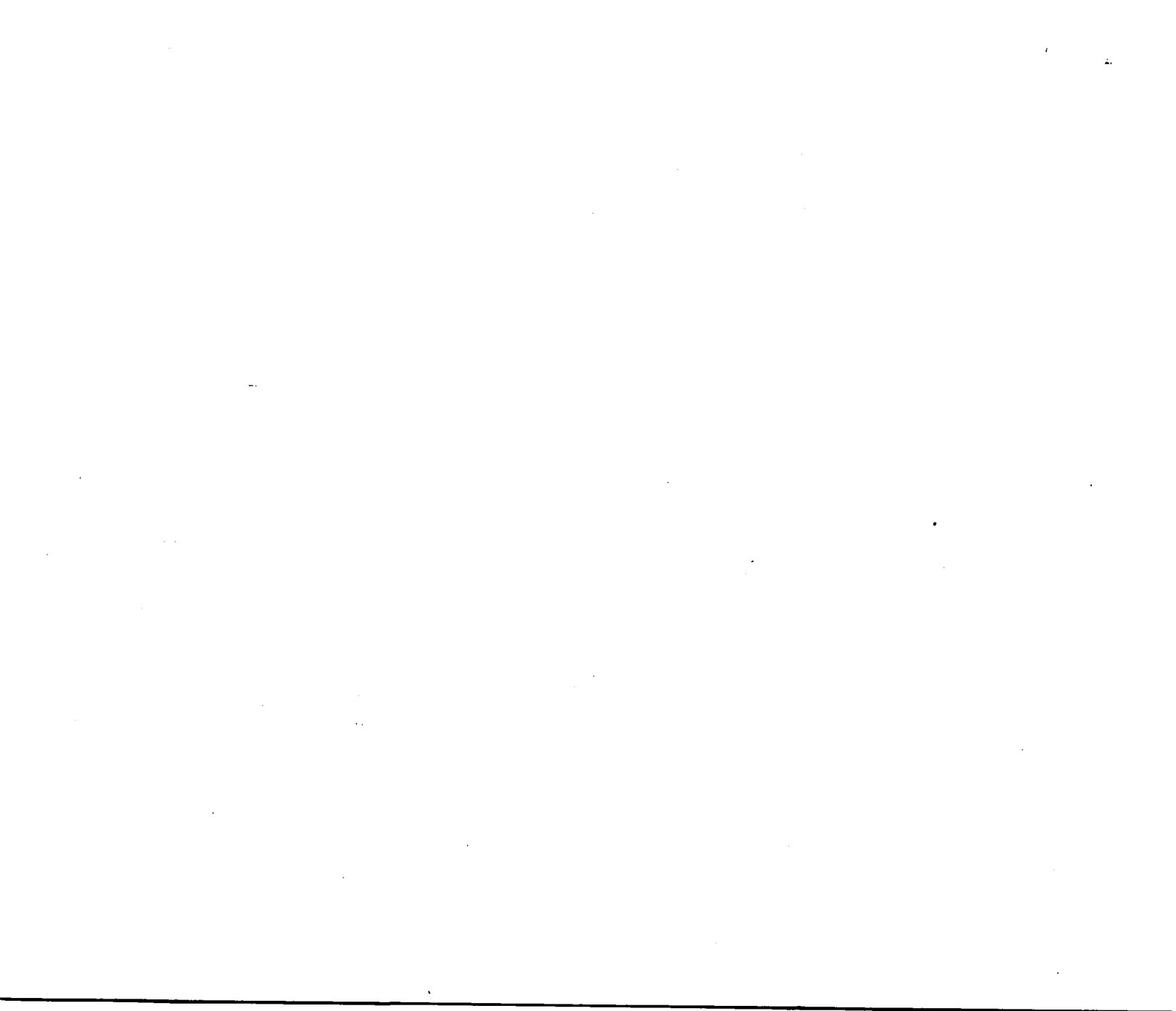
OCT 13 1958 State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u> Bureau of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>715 Northland</u>	
3. CHILD'S NAME (Type or Print) <u>BABY BOY BURKHART</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August 16, 1958</u>
7. FATHER'S NAME a. (First) <u>John</u> b. (Middle) <u>Napier</u> c. (Last) <u>Burkhart</u>			8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Antigo, Wisconsin</u>	11a. USUAL OCCUPATION <u>Child Welfare Consultant State Dept. of Public/</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Assistant</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Anita</u> b. (Middle) <u>Jane</u> c. (Last) <u>McInnis</u>			13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Rice Lake, Wisconsin</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>One</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>One</u>	
17. INFORMANT <u>Anita Burkhardt, Mother</u>			
18a. LENGTH OF PREGNANCY <u>22</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>12</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Erythroblastosis Fetalis</u>	
		20b. MATERNAL CAUSES <u>—</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u> </u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>[Signature]</u> 23b. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>	
		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u> TITLE <u> </u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>OCT 6 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u> </u>	25d. LOCATION (City, town, or county) (State) <u> </u>
DATE REC'D BY LOCAL REG. <u>OCT 6 1958</u>		26. FUNERAL DIRECTOR <u> </u> ADDRESS <u> </u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **130**
Local Reg. No. **422**
Reg. Dist. No. **511**

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location) Route 2, North	
3. CHILD'S NAME (Type or Print) Baby Boy Gilman			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 27, 1958
7. FATHER'S NAME a. (First) Luman		b. (Middle) John	c. (Last) Gilman
		8. COLOR OR RACE White	
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Klamath Falls, Oregon	11a. USUAL OCCUPATION Applicator	11b. KIND OF BUSINESS OR INDUSTRY Ro-Tile Company
12. MOTHER'S MAIDEN NAME a. (First) Jerry		b. (Middle) Alyce	c. (Last) Seibert
		13. COLOR OR RACE White	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Pocatello, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mrs. Jerry Gilman (Mother)			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 8 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Probable torsion of Umbilical Cord.	
		20b. MATERNAL CAUSES None.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None.		22. STATE ALL OPERATIONS FOR DELIVERY None.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE H. L. Olsen, M.D.	
		23b. DATE SIGNED Oct. 8, 1958	
23c. ATTENDANT'S ADDRESS Pocatello, Ida.		24. SIGNATURE OF AUTHORIZED OFFICIAL Scott W. Smith	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Aug. 30, '58	25c. NAME OF CEMETERY OR CREMATORY Restlawn Mem. Gdns
		25d. LOCATION (City, town, or county) Pocatello	(State) Idaho
DATE REC'D BY LOCAL REG. OCT 14 1958		26. FUNERAL DIRECTOR Downards Funeral Home	
REGISTRAR'S SIGNATURE Sigrid Albright		ADDRESS Pocatello, Ida	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **131**
Local Reg. No. **575**
Reg. Dist. No. **1**

1. PLACE OF STILLBIRTH a. COUNTY <i>Bear Lake</i>		6. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Wyoming</i> b. COUNTY <i>Lincoln</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Montpelier, Idaho</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Cokeville, Wyoming</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bear Lake Memorial Hospital</i>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <i>Baby Leichert</i>			
4. SEX <i>Female</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>Sept. 5 1958</i>
7. FATHER'S NAME a. (First) <i>Robert H.</i> b. (Middle) <i>Leichert</i> c. (Last) <i>Leichert</i>		8. COLOR OR RACE <i>White</i>	
9. AGE (At time of this birth) <i>38</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Sterling Idaho</i>	11a. USUAL OCCUPATION <i>Farming</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Stock Raising</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Marjorie</i> b. (Middle) <i>Childs</i> c. (Last) <i>Childs</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (At time of this birth) <i>35</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Brinnson Utah</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>5</i> b. How many children were born alive but are now dead? <i>None</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>None</i>	
17. INFORMANT			
18a. LENGTH OF PREGNANCY <i>38</i> WEEKS	18b. WEIGHT AT BIRTH <i>about 6</i> LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>June, 1958</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Cord tight around neck</i>		
	20b. MATERNAL CAUSES <i>none</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>2 P</i> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Robert H. Butts, M.D.</i>	23b. DATE SIGNED <i>9/8/58</i>
		23c. ATTENDANT'S ADDRESS <i>Montpelier, Idaho</i>	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Mike Matthews</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	25b. DATE <i>Sept 9 1958</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Cokeville Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Cokeville Wyoming</i>
DATE REC'D BY LOCAL REG. <i>9/9/58</i>	REGISTRAR'S SIGNATURE <i>Mike Matthews</i>	26. FUNERAL DIRECTOR <i>Mike Matthews</i>	ADDRESS <i>Montpelier, Idaho</i>

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH

State File No. **132**
Local Reg. No. **379**
Reg. Dist. No. **6-20**

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Blackfoot	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) 335 West Judicial	
3. CHILD'S NAME (Type or Print) Juliee Ann Mc Fowler			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 22, 1958
7. FATHER'S NAME a. (First) Willard		b. (Middle) Fowler	
c. (Last) Fowler		8. COLOR OR RACE white	
9. AGE (At time of this birth) 20 YEARS	10. BIRTHPLACE (State or foreign country) Shelley, Idaho	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY none
12. MOTHER'S MAIDEN NAME a. (First) Barbara		b. (Middle) Jean	
c. (Last) Dixon		13. COLOR OR RACE white	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Pocatello, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? none b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Willard Fowler			
18a. LENGTH OF PREGNANCY 33 1/2 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
20b. MATERNAL CAUSES + toxemia severe			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Pre-eclampsia		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:31 A. M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) P. M. Parker M. D.	
23b. DATE SIGNED 9-22-58		23c. ATTENDANT'S ADDRESS Blackfoot, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL My Margaret Harrison, D.O.		TITLE Howard Packham	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 9-22-58	25c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery	25d. LOCATION (City, town, or county) (State) Shelley, Bingham, Idaho
DATE REC'D BY LOCAL REG. 9-22-58		26. FUNERAL DIRECTOR Howard Packham	
REGISTRAR'S SIGNATURE Mrs. W. C. Carter		ADDRESS Blackfoot, Idaho	

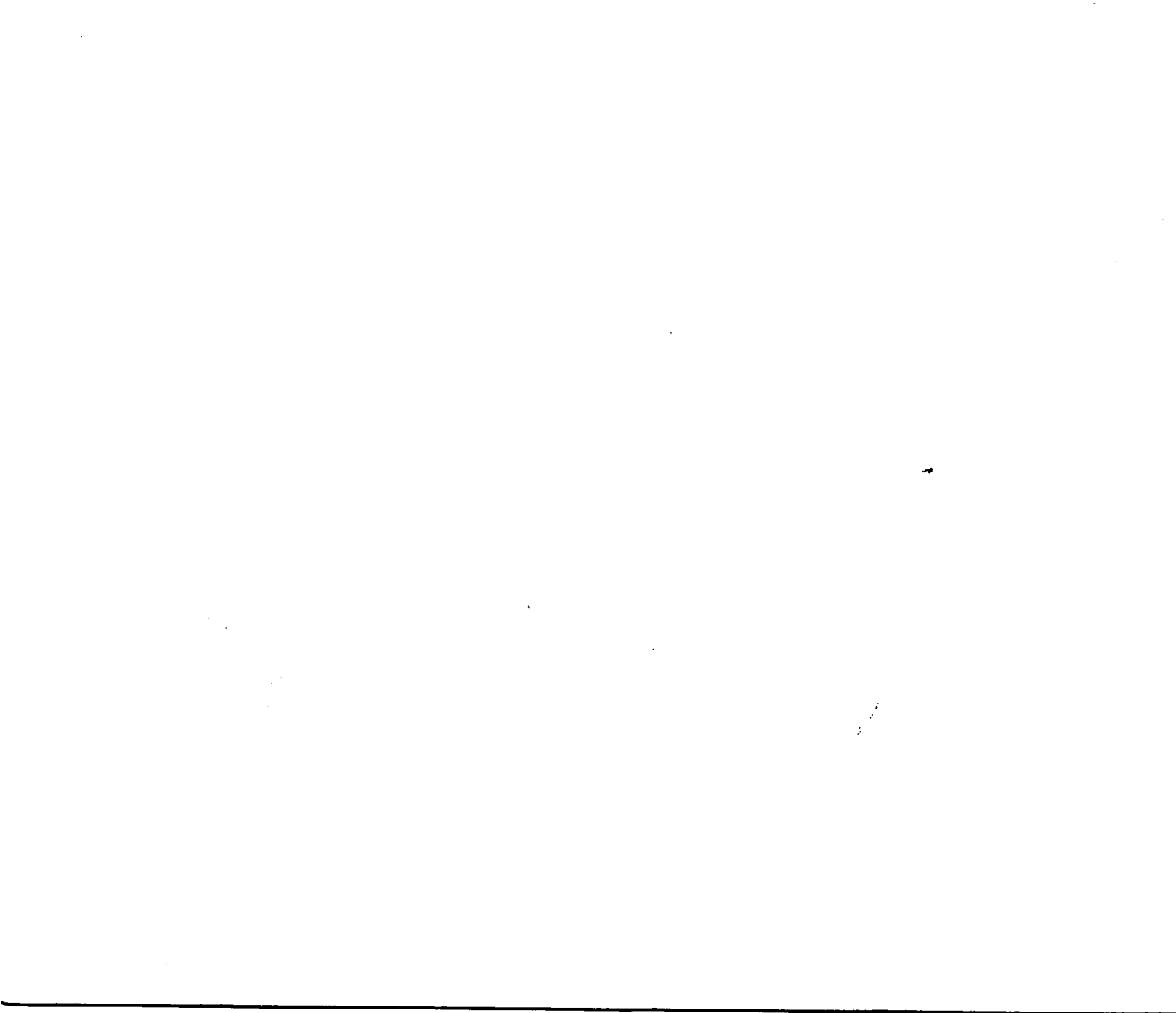
FEDERAL BUREAU OF VITAL STATISTICS
STATE OF IDAHO
SEP 16 1958State File No. 133
Local Reg. No. 84
Reg. Dist. No. 110

1. PLACE OF STILLBIRTH a. COUNTY Bonner b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sandpoint c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bonner General Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonner c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Ponderay d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Babe girl Williams			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 9-2-58
7. FATHER'S NAME a. (First) Lyle b. (Middle) Williams c. (Last) White		8. COLOR OR RACE White	
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Kootenai, Idaho	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Patricia b. (Middle) Ann c. (Last) Jenkins		13. COLOR OR RACE White	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Albuquerque, New Mexico	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mr. Fred Williams Sr.			
18a. LENGTH OF PREGNANCY 42 WEEKS	18b. WEIGHT AT BIRTH 9 LBS. 14 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 3-12-58	
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Asphyxia due to: umbilical cord wrapped around right thigh and lower leg		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) William C. Haydon M.D. 23b. DATE SIGNED 9/3/58	
23c. ATTENDANT'S ADDRESS Box 631, Sandpoint, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL H. H. Moore Jr TITLE Sandpoint Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 9-4-58	25c. NAME OF CEMETERY OR CREMATORY Pinecrest	25d. LOCATION (City, town, or county) (State) Sandpoint Idaho
DATE REC'D BY LOCAL REG. Sept. 11, 1958		REGISTRAR'S SIGNATURE Carole Egan 26. FINEST DIRECTOR H. H. Moore Jr ADDRESS Sandpoint Idaho	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **134**
Local Reg. No. **11**
Reg. Dist. No. **363**

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) Nampa		c. CITY (If outside corporate limits, write RURAL and give township) Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital		d. STREET ADDRESS (If rural, give location) 1411 Joyce Street	
3. CHILD'S NAME (Type or Print) Ross David Fillmore			
4. SEX M	5a. THIS BIRTH <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET	5b. IF TWIN OR TRIPLET (This child born) <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept 10 1958
7. FATHER'S NAME a. (First) Oliver b. (Middle) Fillmore c. (Last) W		8. COLOR OR RACE W	
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Cushing, Okla.	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME Esther		13. COLOR OR RACE W	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Thornville, Ohio	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Clarence C. Fillmore			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date March 1958	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Ancephalia 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:05 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) F. D. Macbue M. D. 23b. DATE SIGNED Sept 13, 1958 23c. ATTENDANT'S ADDRESS Idaho 23d. SIGNATURE OF AUTHORIZED OFFICIAL John F. Alsip, Jr. TITLE Funeral Director	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 9-15-58	25c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	25d. LOCATION (City, town, or county) (State) Nampa Idaho
DATE REC'D BY LOCAL REG. October 2, 1958		REGISTRAR'S SIGNATURE Mrs. Jane	
FUNERAL DIRECTOR John F. Alsip, Jr.		ADDRESS Nampa, Idaho	
ALSIP FUNERAL CHAPEL 404-10 Ave. So.			



CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 135
Local Reg. No. 376
Reg. Dist. No. 470

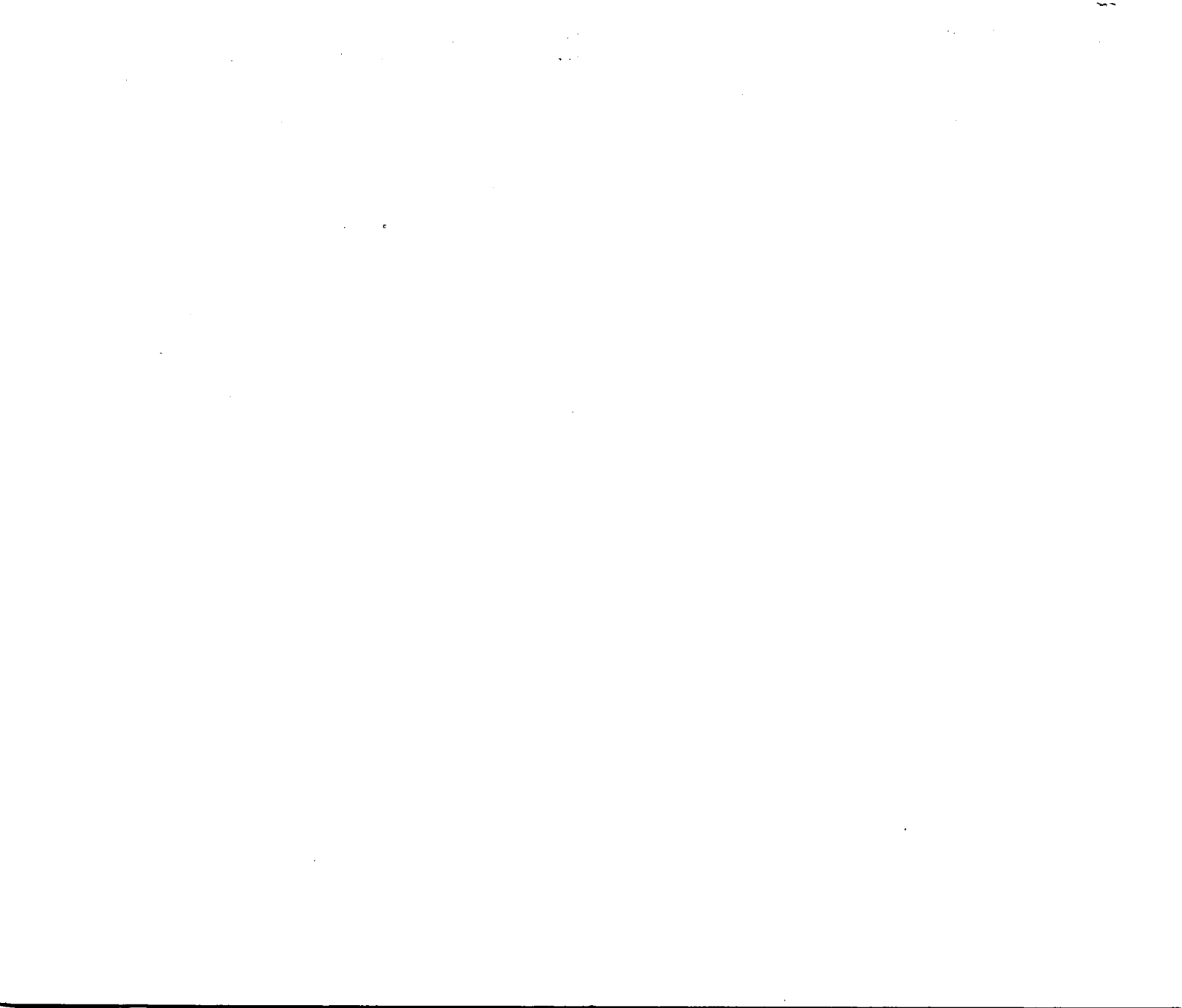
1. PLACE OF STILLBIRTH a. COUNTY Cassia		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY OR TOWN Burley		c. CITY OR TOWN Kuna	
c. FULL NAME OF HOSPITAL OR INSTITUTION Cottage Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Molly Jo Christensen			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 15, 1958
7. FATHER'S NAME a. (First) Charles b. (Middle) Dee c. (Last) Christensen		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Wendell, Idaho	11a. USUAL OCCUPATION Electrician	11b. KIND OF BUSINESS OR INDUSTRY Idaho Power Company
12. MOTHER'S MAIDEN NAME a. (First) Patricia b. (Middle) Jane c. (Last) Stephens		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Gooding, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? One	
17. INFORMANT Charles Dee Christensen <i>Swan Falls, Kuna, Idaho</i>			
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH LBS. 7 OZ 9	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date ?	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Immature Child</i>	
		20b. MATERNAL CAUSES <i>Perinatal R.H. Factor</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:30 A. m.	23a. ATTENDANT'S SIGNATURE <i>Charles D. Christensen</i>		23b. DATE SIGNED 10/15/58
	23c. ATTENDANT'S ADDRESS <i>Burley, Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Doris B. McCulloch</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) burial	25b. DATE 9-16-58	25c. NAME OF CEMETERY OR CREMATORY View Cemetery	25d. LOCATION (City, town, or county) (State) View, Cassia Co., Idaho
DATE REC'D BY LOCAL REG 9-24-58	REGISTER'S SIGNATURE <i>Doris B. McCulloch</i>	26. FUNERAL DIRECTOR <i>B. M. McCulloch</i>	
		ADDRESS Burley, Idaho	

DEC 2 1958

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **136**
Local Reg. No. **376**
Reg. Dist. No. **270**

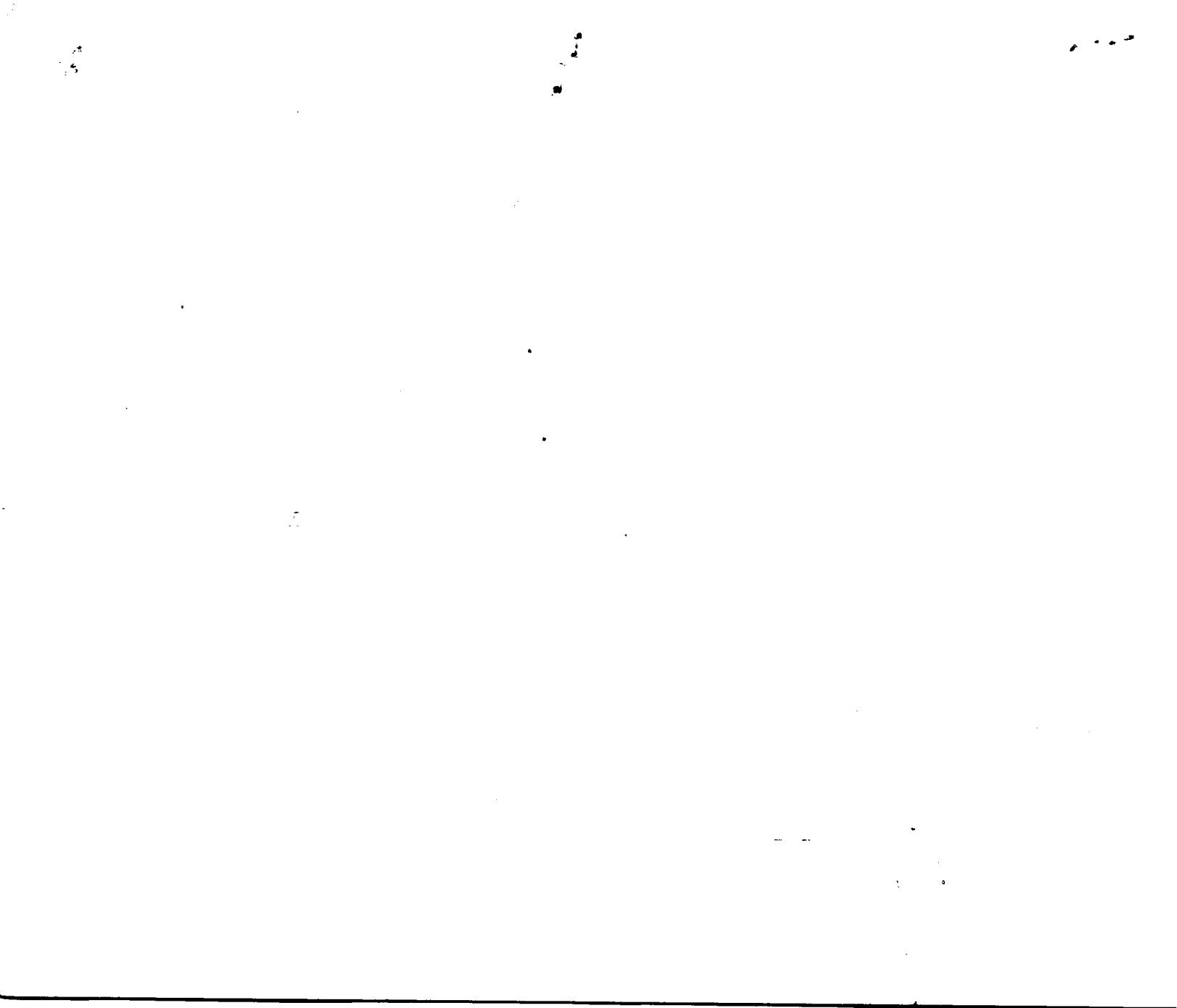
1. PLACE OF STILLBIRTH a. COUNTY Cassia b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cottage Hospital			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Minidoka c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Paul d. STREET ADDRESS (If rural, give location) R. F. D.		
3. CHILD'S NAME (Type or Print) Infant Craven					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 25, 1958
7. FATHER'S NAME a. (First) Ronald b. (Middle) Keith c. (Last) Craven			8. COLOR OR RACE White		
9. AGE (At time of this birth) 34 YEARS		10. BIRTHPLACE (State or foreign country) Paul, Idaho		11a. USUAL OCCUPATION Farmer	
				11b. KIND OF BUSINESS OR INDUSTRY Agriculture	
12. MOTHER'S MAIDEN NAME a. (First) Alice b. (Middle) Mae c. (Last) Bellum			13. COLOR OR RACE White		
14. AGE (At time of this birth) 32 YEARS		15. BIRTHPLACE (State or foreign country) Paul, Idaho		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Ronald K. Craven					
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature Separation of Placenta			
		20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None			22. STATE ALL OPERATIONS FOR DELIVERY None		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Heidi E. Seem		23b. DATE SIGNED 9-30-58	
		23c. ATTENDANT'S ADDRESS Burley, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Heidi E. Seem TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal		25b. DATE 9/26/58		25c. NAME OF CEMETERY OR CREMATORY Paul Cemetery	
				25d. LOCATION (City, town, or county) (State) Paul, Idaho	
DATE REC'D BY LOCAL REG. 10-2-58		REGISTRAR'S SIGNATURE Doris L. Smith		26. FUNERAL DIRECTOR Doris L. Smith ADDRESS Burley	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **137**
Local Reg. No. **97**
Reg. Dist. No. **210**

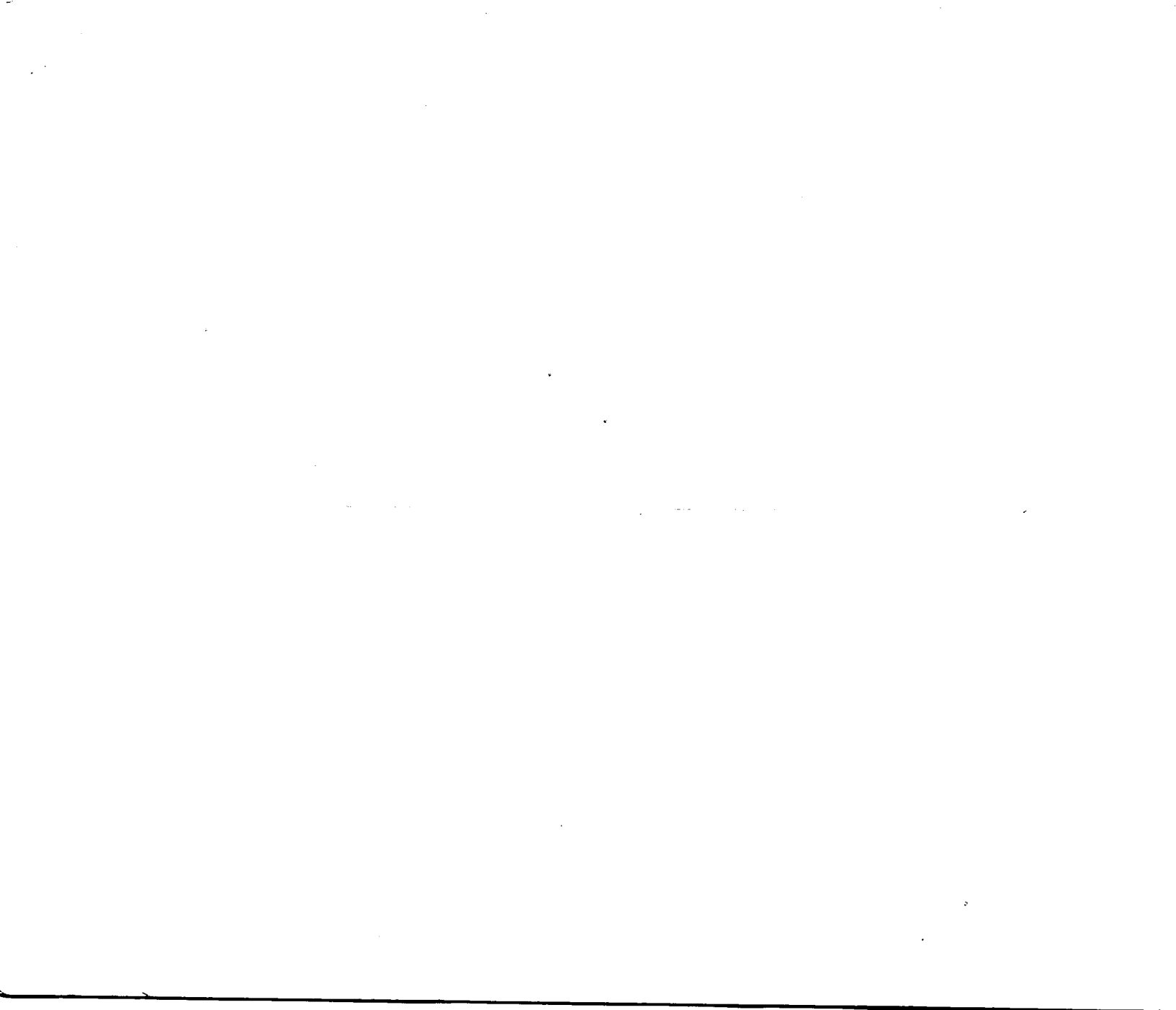
1. PLACE OF STILLBIRTH a. COUNTY Clearwater b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Orofino c. FULL NAME OF HOSPITAL OR INSTITUTION Clearwater Valley Hospital			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Clearwater c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pierce d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME ((Type or Print)) BABY BOY BROWN					
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 4, 1958		
7. FATHER'S NAME a. (First) Robert b. (Middle) D. c. (Last) Brown		8. COLOR OR RACE W			
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Logging		
12. MOTHER'S MAIDEN NAME a. (First) Maxine b. (Middle) R. c. (Last) Richards		13. COLOR OR RACE W			
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT X Laborer in Clearwater					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None 20b. MATERNAL CAUSES Premature separation of the placenta			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None except premature			22. STATE ALL OPERATIONS FOR DELIVERY None		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:10 a.m.		23a. ATTENDANT'S SIGNATURE B. R. Guardin M.D.		23b. DATE SIGNED Sept. 5-1958	
		23c. ATTENDANT'S ADDRESS Orofino, Idaho	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL W. Z. Gilbert TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 9-5-1958	25c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	25d. LOCATION (City, town, or county) (State) Orofino Idaho		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Sept. 11, 1958		26. FUNERAL DIRECTOR W. Z. Gilbert ADDRESS Orofino Gilbert's Funeral Chapel			



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **138**
Local Reg. No. **105**
Reg. Dist. No. **210**

1. PLACE OF STILLBIRTH a. COUNTY Clearwater OCT 1 1958		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Clearwater	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Orofino Bureau of Vital Statistics		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weippe	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Clearwater Valley Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) BABY BOY McGUIRE			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 22, 1958
7. FATHER'S NAME a. (First) MICHAEL b. (Middle) J. c. (Last) McGUIRE		8. COLOR OR RACE W	
9. AGE (At time of this birth) 58 YEARS		10. BIRTHPLACE (State or foreign country) Knoxville, Tenn.	11a. USUAL OCCUPATION Tavern operator
		11b. KIND OF BUSINESS OR INDUSTRY Tavern	
12. MOTHER'S MAIDEN NAME a. (First) HELEN b. (Middle) c. (Last) CARLIN		13. COLOR OR RACE W	
14. AGE (At time of this birth) 39 YEARS		15. BIRTHPLACE (State or foreign country) Deary, Idaho	
17. INFORMANT X <i>[Signature]</i>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.	
		19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES <i>Premature labor.</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:05 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>[Signature]</i> MD	
23b. DATE SIGNED Oct 7-1958		23c. ATTENDANT'S ADDRESS Orofino, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL CREMATION REMOVAL (Specify) Burial		25b. DATE 9-24-1958	
25c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery		25d. LOCATION (City, town, or county) (State) Orofino Idaho	
DATE REC'D BY LOCAL Oct. 7, 1958		26. FUNERAL DIRECTOR <i>[Signature]</i> Orofino	
REGISTRAR'S SIGNATURE <i>[Signature]</i>		Gilbert's Funeral Chapel	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **139**
Local Reg. No. **13**
Reg. Dist. No. **242**

1. PLACE OF STILLBIRTH a. COUNTY Idaho		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cottonwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kenterville	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) JOSEPH BERNARD SCHNIDER			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 3, 1958
7. FATHER'S NAME a. (First) Walter b. (Middle) Henry c. (Last) Schnider		8. COLOR OR RACE White	
9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) Chewelah, Washington	11a. USUAL OCCUPATION Logging	11b. KIND OF BUSINESS OR INDUSTRY Forest
12. MOTHER'S MAIDEN NAME a. (First) Loretta b. (Middle) Katherine c. (Last) Westhoff		13. COLOR OR RACE White	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Greencreek, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 9 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Loretta Schnider (mother)			
18a. LENGTH OF PREGNANCY 33 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 5 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Obstructed Placental Hemorrhage	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY Cesarean Section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:20 p. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) W. J. Orr, M.D.	
23b. DATE SIGNED Sept. 4, 1958		23c. ATTENDANT'S ADDRESS Cottonwood, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Elizabeth H. Uhlorn		TITLE Cottonwood, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Sept. 4, 1958	25c. NAME OF CEMETERY OR CREMATORY Kenterville	25d. LOCATION (City, town, or county) (State) Idaho
DATE REC'D BY LOCAL REG. Sept. 4, 1958		26. FUNERAL DIRECTOR ADDRESS Elizabeth H. Uhlorn Cottonwood, Idaho	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

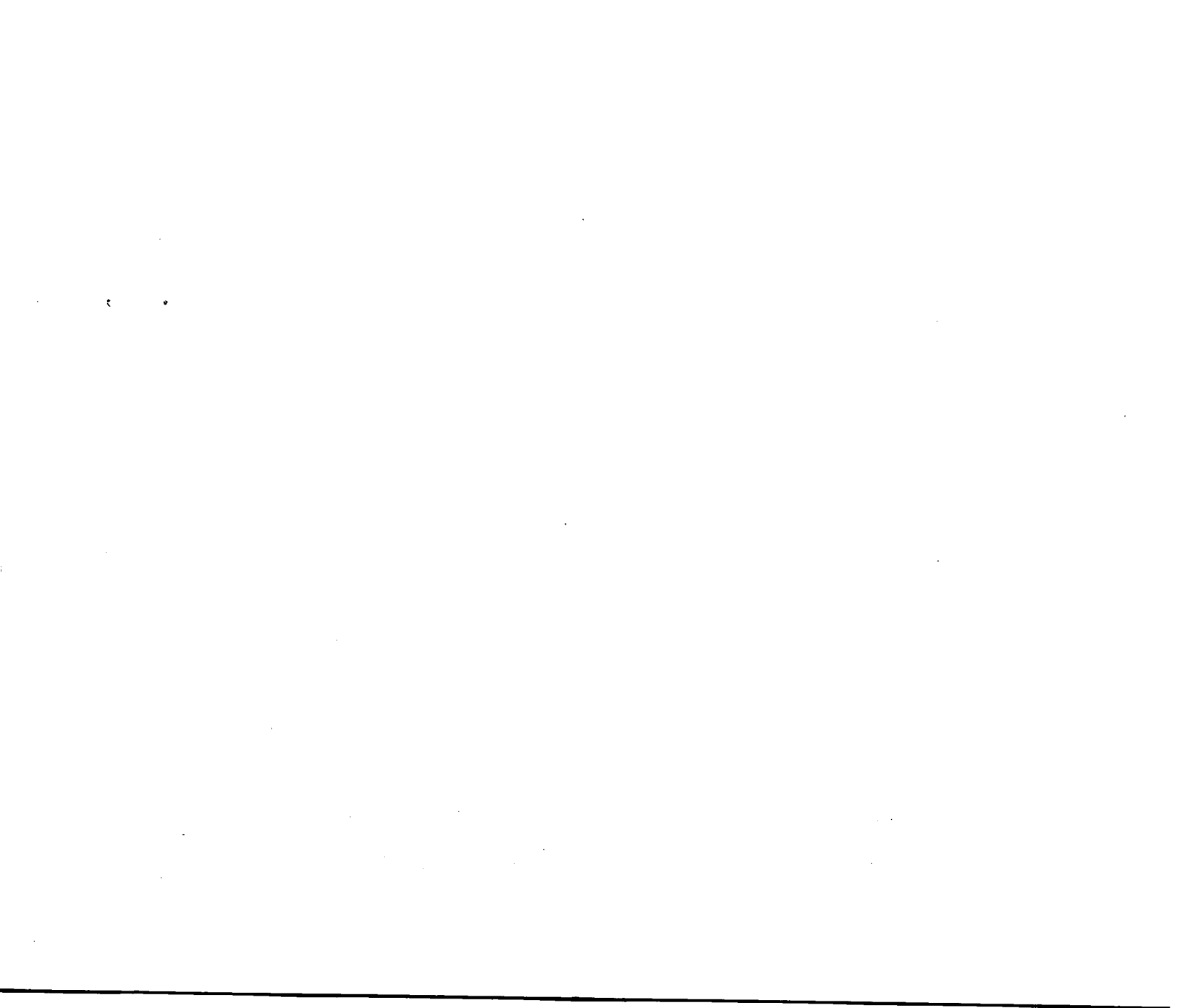
State File No. **140**
Local Reg. No. **110**
Reg. Dist. No. **200**

1. PLACE OF STILLBIRTH a. COUNTY Latah			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Latah		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moscow			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moscow		
c. FULL NAME OF HOSPITAL OR INSTITUTION Gritman Memorial Hospital			d. STREET ADDRESS (If rural, give location) Rt. 3		
3. CHILD'S NAME (Type or Print) Baby Boy Feil					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 9 12 58		
7. FATHER'S NAME a. (First) Robert b. (Middle) Lee c. (Last) Feil		8. COLOR OR RACE White			
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Austin - Colorado	11a. USUAL OCCUPATION Student & Cook	11b. KIND OF BUSINESS OR INDUSTRY Cook		
12. MOTHER'S MAIDEN NAME a. (First) Carolyn b. (Middle) Joan c. (Last) Prokop		13. COLOR OR RACE White			
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Portia City, Mo.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT Robert L. Feil (father)					
18a. LENGTH OF PREGNANCY 20 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date June 1958			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) unknown		20a. FETAL CAUSES unknown 20b. MATERNAL CAUSES unknown			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none			22. STATE ALL OPERATIONS FOR DELIVERY none		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:45 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Dr. Adams M.D.		23b. DATE SIGNED 9/13/58	
23c. ATTENDANT'S ADDRESS Moscow, Idaho		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 9-12-58	25c. NAME OF CEMETERY OR CREMATORY Gritman Memorial Hosp.	25d. LOCATION (City, town, or county) (State) Moscow Idaho		
DATE REC'D BY LOCAL REG. 9/23/58	REGISTRAR'S SIGNATURE L. E. Skaggs		26. FUNERAL DIRECTOR ADDRESS		

Form DPH-48020

RECEIVED
SEP 17 1958
Bureau of Vital Statistics
CERTIFICATE OF STILLBIRTH
State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Madison			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock		
b. CITY OR TOWN Rexburg			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		
c. FULL NAME OF HOSPITAL OR INSTITUTION Madison Memorial Hospital			d. STREET ADDRESS (If rural, give location) 645 Washington		
3. CHILD'S NAME (Type or Print) Baby Kunz					
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 10, 1958		
7. FATHER'S NAME a. (First) Leonard		b. (Middle) Robert		c. (Last) Kunz	
8. COLOR OR RACE					
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) Victor, Idaho	11a. USUAL OCCUPATION Laborer		11b. KIND OF BUSINESS OR INDUSTRY Westvaco Chemical	
12. MOTHER'S MAIDEN NAME a. (First) Elvenia		b. (Middle)		c. (Last) Pazdera	
13. COLOR OR RACE white					
14. AGE (At time of this birth) 41 YEARS	15. BIRTHPLACE (State or foreign country) Dardenelle Arkansas		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy) 1		
17. INFORMANT Leonard R. Kunz					
18a. LENGTH OF PREGNANCY 29 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Anencephalic monster 20b. MATERNAL CAUSES Polyhydramnios			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY Breast excision		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6: P m.		23a. ATTENDANT'S SIGNATURE D. D. H. Jones		23b. DATE SIGNED 9-11-58	
		23c. ATTENDANT'S ADDRESS Rexburg, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Renold H. H. H.	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 9/11/58	25c. NAME OF CEMETERY OR CREMATORY Sugar City		25d. LOCATION (City, town, or county) (State) Sugar City, Idaho	
DATE REC'D BY LOCAL REG. 9-11-58	REGISTRAR'S SIGNATURE Leona Flamm		26. FUNERAL DIRECTOR Renold H. H. H. ADDRESS Rexburg, Idaho		



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **143**
Local Reg. No. **35**
Reg. Dist. No. **630**

1. PLACE OF STILLBIRTH a. COUNTY Madison		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho	
b. CITY (If outside corporate limits, write RURAL, and give township) Rexburg		b. COUNTY Madison	
c. FULL NAME OF HOSPITAL OR INSTITUTION Madison Memorial		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Lyman	
		d. STREET ADDRESS (If rural, give location) Thornte RFD 1	

3. CHILD'S NAME
(Type or Print) **Stillborn Benson**

4. SEX F.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept, 20, 1958
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7. FATHER'S NAME a. (First) Herbert b. (Middle) Lawrence c. (Last) Benson	8. COLOR OR RACE White
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9. AGE (At time of this birth) 42 YEARS	10. BIRTHPLACE (State or foreign country) Drummond, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY
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12. MOTHER'S MAIDEN NAME a. (First) Alta b. (Middle) Irene c. (Last) Munns	13. COLOR OR RACE White
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14. AGE (At time of this birth) 39 YEARS	15. BIRTHPLACE (State or foreign country) Lyman, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 8 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0
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17. INFORMANT Herbert Benson Father	
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18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May 1958
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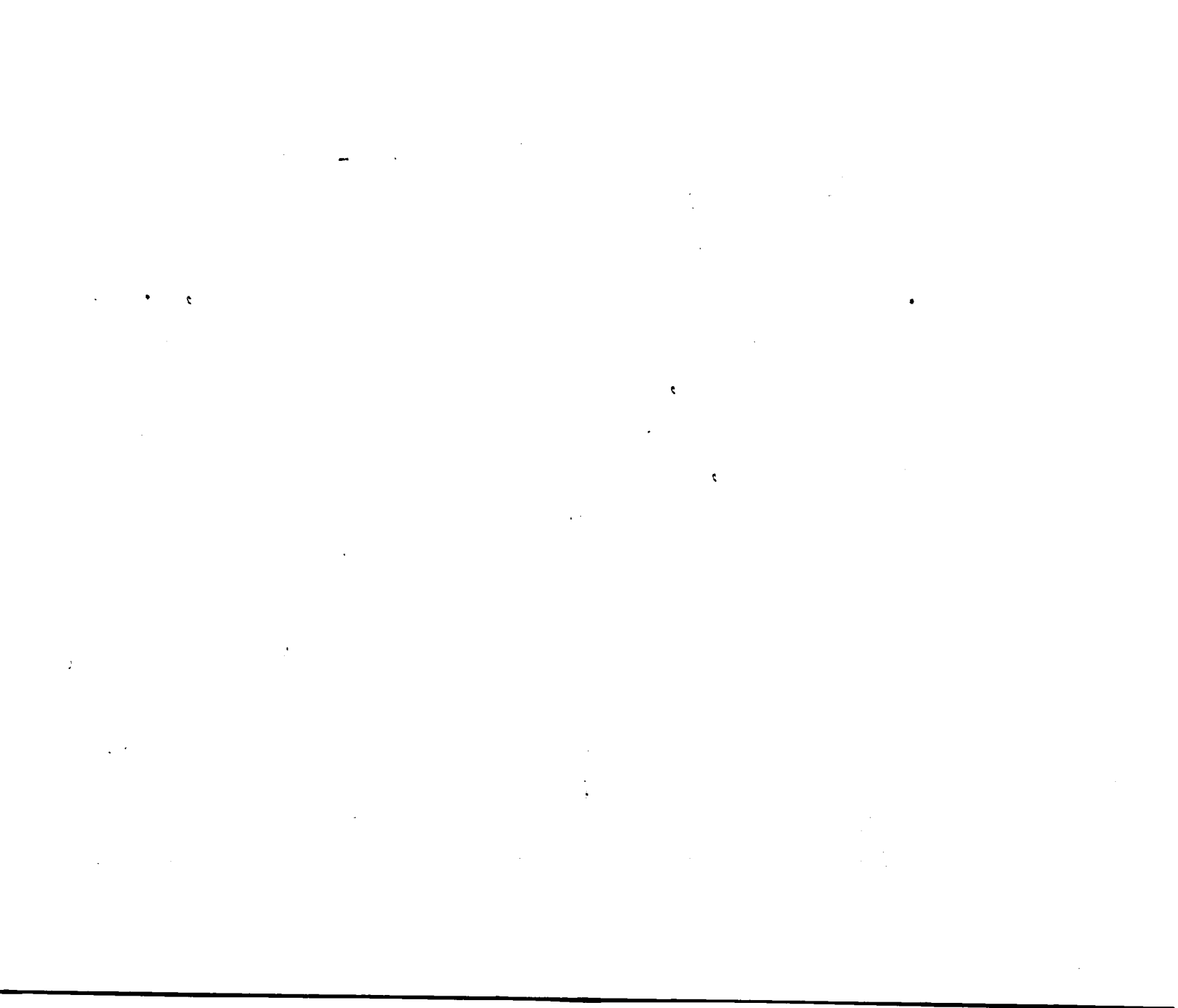
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Loss of blood.	20b. MATERNAL CAUSES Placenta previa 7th month.
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21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Hemorrhage.	22. STATE ALL OPERATIONS FOR DELIVERY none
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE M. T. Rigby	23b. DATE SIGNED Sept 30/1958
	23c. ATTENDANT'S ADDRESS Rexburg Idaho	24. SIGNATURE OF AUTHORIZED OFFICIAL Rebecca Flamm

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 9/21/58	25c. NAME OF CEMETERY OR CREMATORY Sutton	25d. LOCATION (City, town, or county) (State) Archer Madison Idaho
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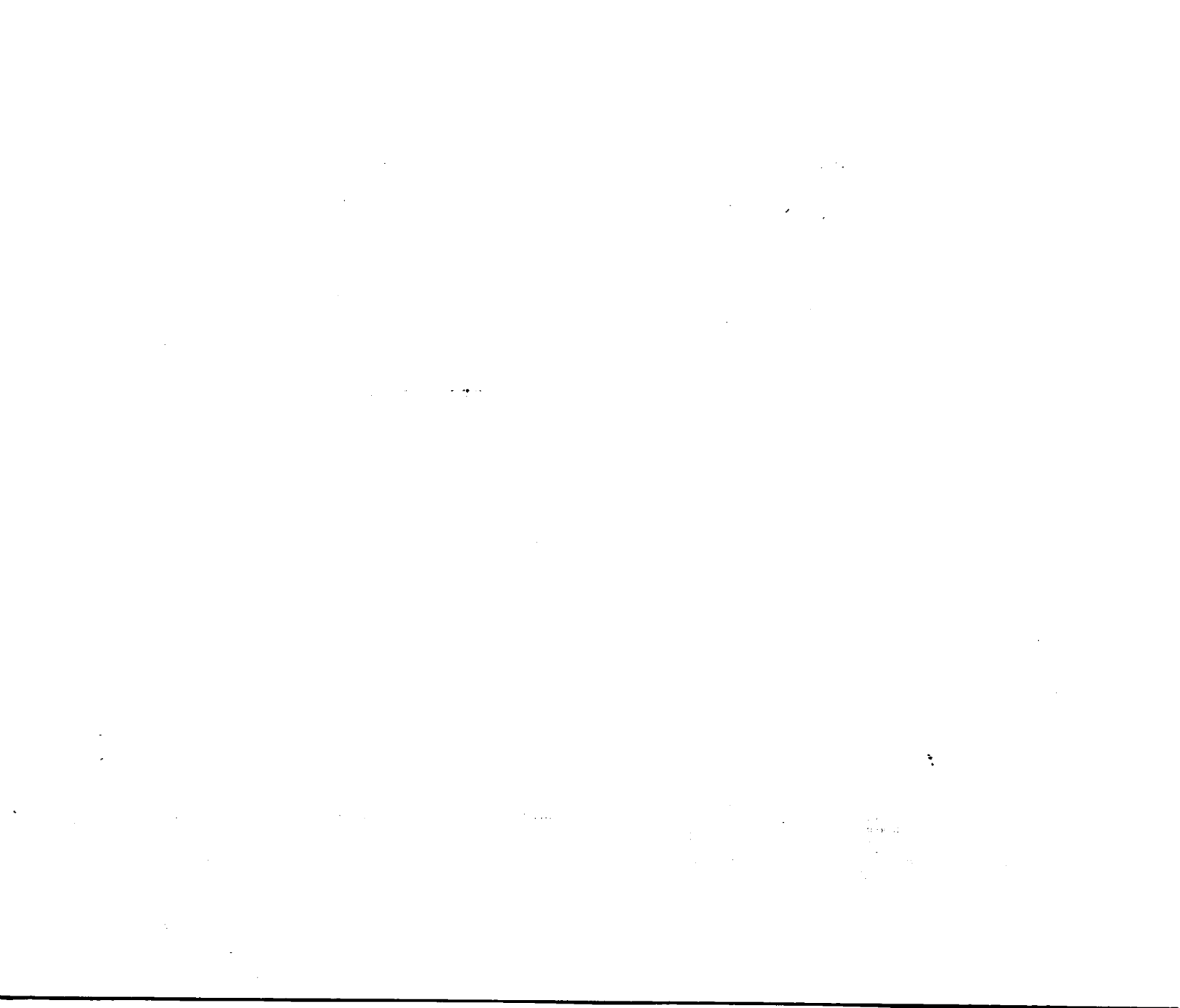
DATE REC'D BY LOCAL REG. 9-30-58	REGISTRAR'S SIGNATURE Leona Flamm	26. FUNERAL DIRECTOR Rebecca Flamm	ADDRESS Rexburg, Ida
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(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 144
Local Reg. No. 186
Reg. Dist. No. 220

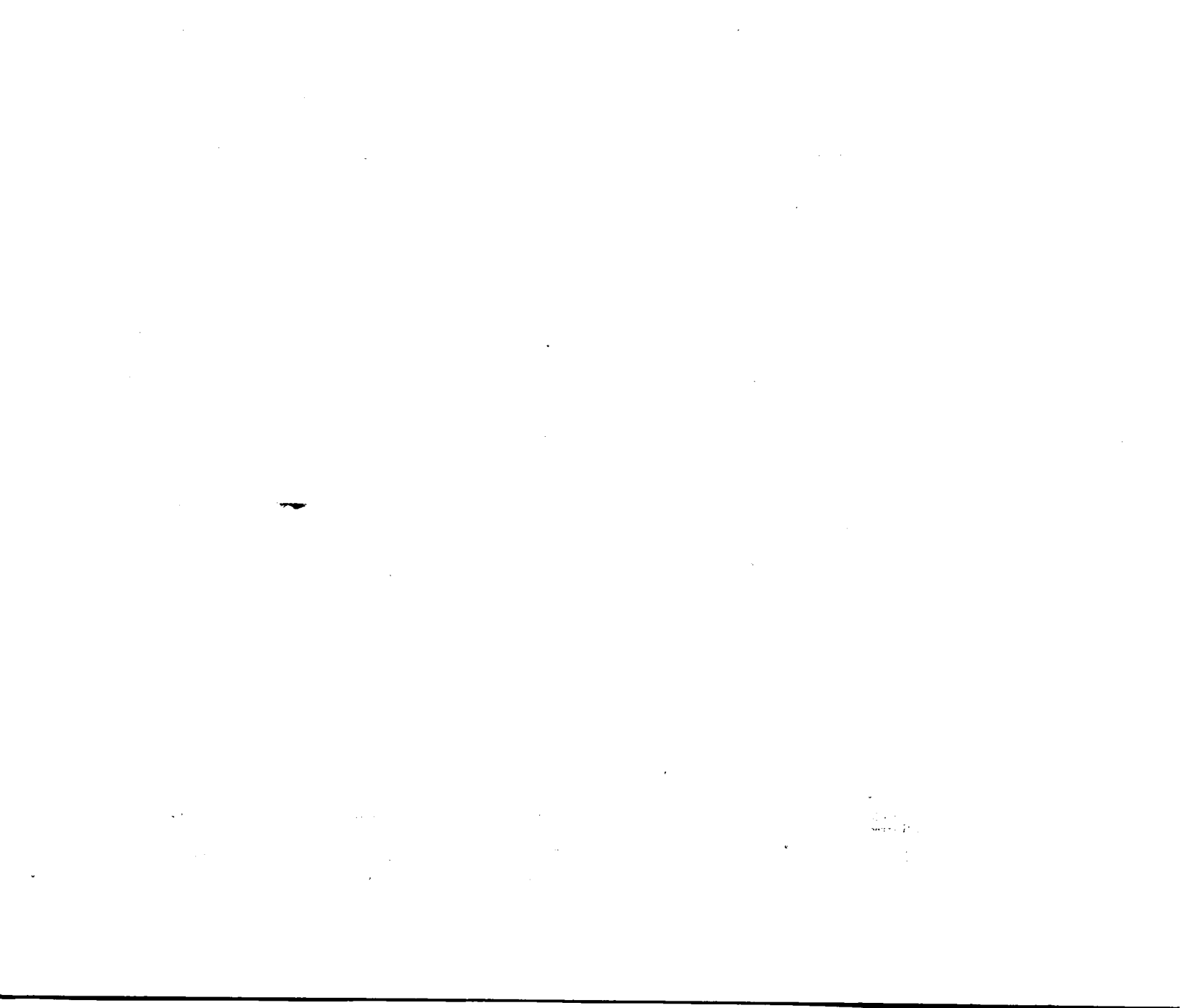
1. PLACE OF STILLBIRTH a. COUNTY Nez Perce			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Nez Perce		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's			d. STREET ADDRESS (If rural, give location) 1927 1/2 Carson Ave.		
3. CHILD'S NAME (Type or Print) CLEONA DEE MURPHY					
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 2, 1958		
7. FATHER'S NAME a. (First) Robert b. (Middle) Lee c. (Last) Murphy		8. COLOR OR RACE White			
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Burley, Idaho	11a. USUAL OCCUPATION Potlatch Forests	11b. KIND OF BUSINESS OR INDUSTRY Lumber		
12. MOTHER'S MAIDEN NAME a. (First) Kolene b. (Middle) Ione c. (Last) Gunter		13. COLOR OR RACE White			
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Linerose, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? none b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none			
17. INFORMANT Robert L. Murphy					
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH approximately 6 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date APRIL 1958			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES UNKNOWN			
		20b. MATERNAL CAUSES UNKNOWN			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR NONE			22. STATE ALL OPERATIONS FOR DELIVERY OUTLET FORCEPS		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at Clarkston, m.		23a. ATTENDANT'S SIGNATURE C. M. Murphy, M.D.		23b. DATE SIGNED SEP 1958	
		23c. ATTENDANT'S ADDRESS LEWISTON, IDAHO		24. SIGNATURE OF AUTHORIZED OFFICIAL W. E. Black	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal-burial		25b. DATE 9-4-1958	25c. NAME OF CEMETERY OR CREMATORY Vineland Cemetery	25d. LOCATION (City, town, or county) (State) Clarkston, Washington	
DATE REC'D BY LOCAL REG. 9/17/58		REGISTRAR'S SIGNATURE Phyllis Platt, Deputy		26. FUNERAL DIRECTOR ADDRESS Brower-Wann Co. Lewiston, Idaho	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **145**
Local Reg. No. **171**
Reg. Dist. No. **222**

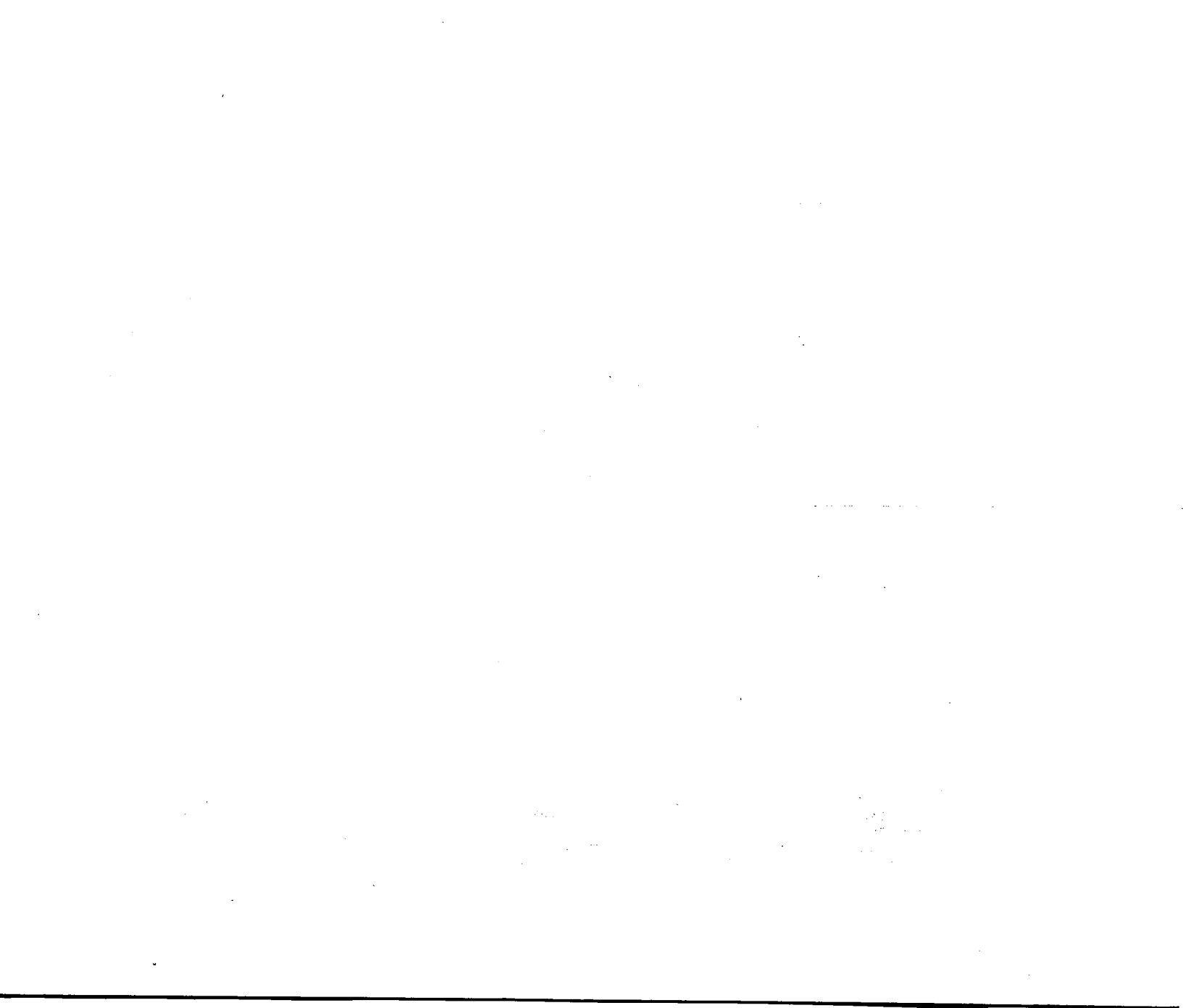
1. PLACE OF STILLBIRTH a. COUNTY Nez Perce b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston c. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Nez Perce c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston d. STREET ADDRESS (If rural, give location) 1509 Grelle	
3. CHILD'S NAME (Type or Print) DIANA LEE SHAFFER			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 17 1958
7. FATHER'S NAME a. (First) Kenneth b. (Middle) L. c. (Last) Shaffer		8. COLOR OR RACE White	
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Missouri	11a. USUAL OCCUPATION Labor	11b. KIND OF BUSINESS OR INDUSTRY Lumber (PFI)
12. MOTHER'S MAIDEN NAME a. (First) Margaret b. (Middle) M. c. (Last) Hartley		13. COLOR OR RACE White	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Arizona	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>x Kenneth S Shaffer</i>			
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 13 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date July 9, 1958	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Prematurity</i> 20b. MATERNAL CAUSES <i>Not Known</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None other than vaginal bleeding</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:56 P. m.		23a. ATTENDANT'S SIGNATURE <i>Edward Hoffman MD</i>	23b. DATE SIGNED 9-19-58
		23c. ATTENDANT'S ADDRESS 347 St. Johns Way	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>W.E. Black</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Sept. 20, 1958	25c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. <i>Phyllis Glott, Deputy</i>	REGISTRAR'S SIGNATURE <i>Phyllis Glott, Deputy</i>	26. FUNERAL DIRECTOR Proper-Wann Co.	ADDRESS Lewiston, Ida.



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **193-146**
Local Reg. No. **220**
Reg. Dist. No.

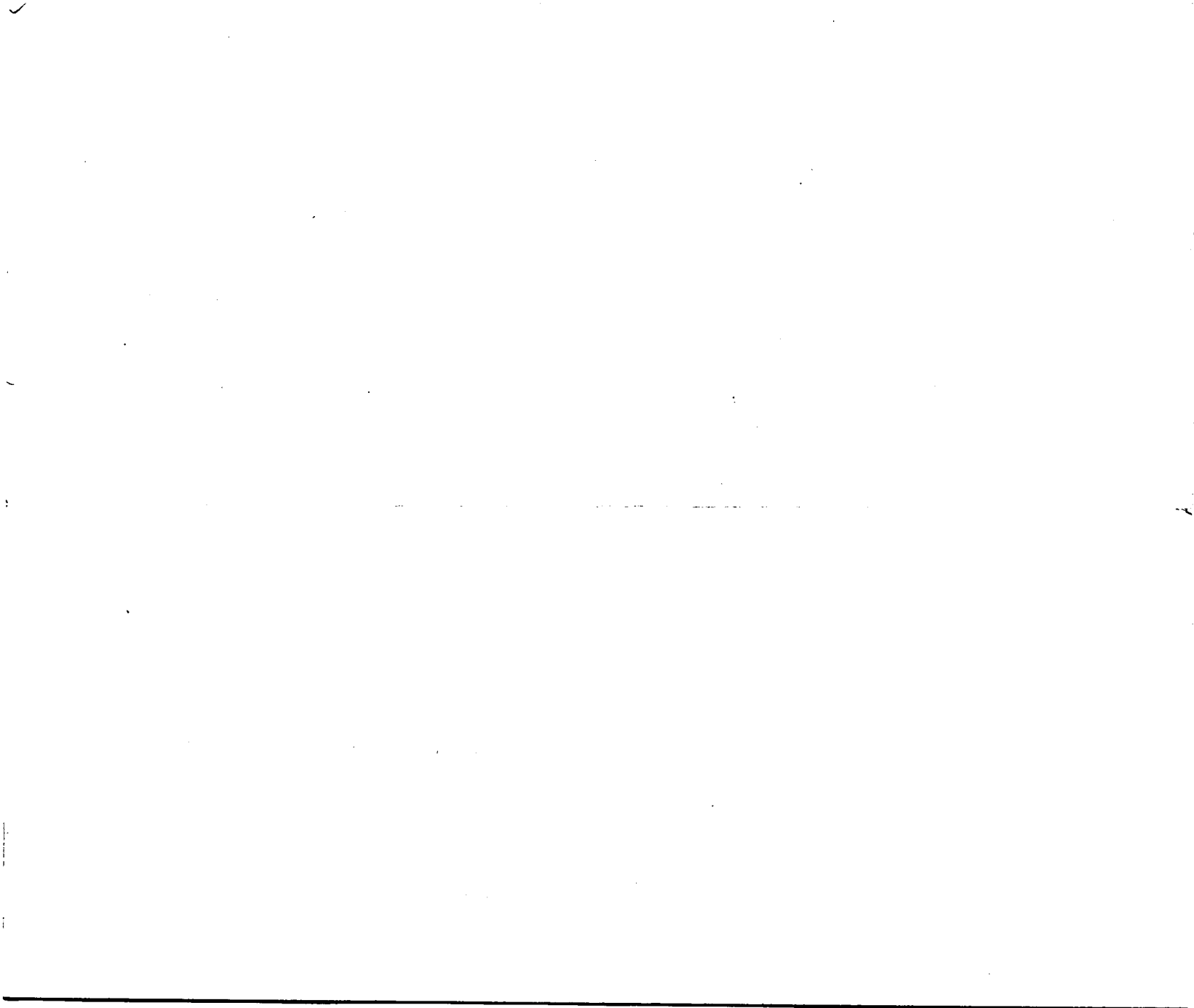
1. PLACE OF STILLBIRTH a. COUNTY Nez Perce RECORDED b. CITY (If outside corporate limits, write RURAL and give township) Lewiston SEP 29 1958 c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph Hospital Bureau of Vital Statistics		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Nez Perce c. CITY (If outside corporate limits, write RURAL and give township) Lewiston d. STREET ADDRESS (If rural, give location) 1925 - 16th Ave.	
3. CHILD'S NAME (Type or Print) GREGORY ALLEN ROSEBOROUGH			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 19, 1958
7. FATHER'S NAME a. (First) Edward b. (Middle) Eugene c. (Last) Roseborough		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Bremerton, Washington	11a. USUAL OCCUPATION Mill Laborer	11b. KIND OF BUSINESS OR INDUSTRY Lumbering (PFI)
12. MOTHER'S MAIDEN NAME a. (First) Lorraine b. (Middle) May c. (Last) Hayes		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) North Bend, Oregon	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 5	
17. INFORMANT Ed Roseborough			
18a. LENGTH OF PREGNANCY 34 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 24 mo.	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Asphyxia; maceration; hemolytic disease 20b. MATERNAL CAUSES High titre Rh neg 1st newborn	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Rh neg - otherwise uneventful Low forceps		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:18 P.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) J. Newton M.D.	23b. DATE SIGNED 9-22-58
		23c. ATTENDANT'S ADDRESS Lewiston, Idaho	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE Brower-Wann Co., W.E. Black
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 9-22-1958	25c. NAME OF CEMETERY OR CREMATORY Normal-Hill Cemetery	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. 9/25/58	REGISTRAR'S SIGNATURE Phyllis Latt, Deputy	26. FUNERAL DIRECTOR ADDRESS Brower-Wann Co., W.E. Black, Lewiston, Idaho	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No. 77 **147**
Reg. Dist. No. 42

1. PLACE OF STILLBIRTH a. COUNTY Shoshone b. CITY (If outside corporate limits, write RURAL and give township OR TOWN Wallace c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hospital			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Shoshone c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pinehurst d. STREET ADDRESS (If rural, give location) Pinehurst, Idaho		
3. CHILD'S NAME ((Type or Print)) Infant Boy Pollard					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) September 7 1958		
7. FATHER'S NAME a. (First) Bennie b. (Middle) Pollard c. (Last) White		8. COLOR OR RACE White			
9. AGE (At time of this birth) 36 YEARS		10. BIRTHPLACE (State or foreign country) Watson, Oklahoma		11a. USUAL OCCUPATION Zinc Plant Worker	
				11b. KIND OF BUSINESS OR INDUSTRY Mining	
12. MOTHER'S MAIDEN NAME Virginia		a. (First) Virginia b. (Middle) Knudsen c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 25 YEARS		15. BIRTHPLACE (State or foreign country) Spokane, Washington		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Bennie Pollard					
18a. LENGTH OF PREGNANCY 18-20 WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 9/3/58	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 18-20 weeks gestation --not compatible to life.			
		20b. MATERNAL CAUSES Placental degeneration			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Hemorrhage intermittently -10 wks gestation			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:55 Pm.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Lewis C Deenan M. D.		23b. DATE SIGNED 9/9/58	
		23c. ATTENDANT'S ADDRESS Wallace, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE Kellogg Kellogg	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Sept. 8, 1958		25c. NAME OF CEMETERY OR CREMATORY Greenwood	
25d. LOCATION (City, town, or county) (State) Kellogg Idaho		26. FUNERAL DIRECTOR ADDRESS Donald J. Haisel Kellogg Idaho			
DATE REC'D BY LOCAL REG. 9/10/58		REGISTRAR'S SIGNATURE Joe Deenan			



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 148
Local Reg. No. 358
Reg. Dist. No. 378

1. PLACE OF STILLBIRTH a. COUNTY ADA b. CITY (If outside corporate limits, write RURAL and give township) OR BOISE c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. ALPHONSUS HOSPITAL			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY ADA c. CITY (If outside corporate limits, write RURAL and give township) OR BOISE d. STREET ADDRESS (If rural, give location) 435 BASS ST.		
3. CHILD'S NAME (Type or Print) KARLA RAE BISHOP					
4. SEX FEMALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) OCTOBER 20, 1958		
7. FATHER'S NAME a. (First) JAMES b. (Middle) LYLE c. (Last) BISHOP		8. COLOR OR RACE WHITE			
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) BOISE, IDAHO	11a. USUAL OCCUPATION DRAFTSMAN	11b. KIND OF BUSINESS OR INDUSTRY U.S. GOVERNMENT		
12. MOTHER'S MAIDEN NAME a. (First) SALLY b. (Middle) ANN c. (Last) MARCH		13. COLOR OR RACE WHITE			
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) BOISE, IDAHO	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT James L. Bishop, Boise, Ida.					
18a. LENGTH OF PREGNANCY 37 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES not known 20b. MATERNAL CAUSES not known.			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none			22. STATE ALL OPERATIONS FOR DELIVERY none		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1. home m.		23a. ATTENDANT'S SIGNATURE Mrs. S. Gudmundson		23b. DATE SIGNED 10-24-58	
23c. ATTENDANT'S ADDRESS 1. home		23d. SIGNATURE OF AUTHORIZED OFFICIAL Russell A. Kelly	TITLE BOISE, IDAHO		
25a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	25b. DATE 10/23/58	25c. NAME OF CEMETERY OR CREMATORY CLOVERDALE MEMORIAL PARK	25d. LOCATION (City, town, or county) (State) BOISE, ADA, IDAHO		
DATE REC'D BY LOCAL REG. 10-27-58	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR Russell A. Kelly REBEKA MORTUARY, 318 N. LATAH ST.			

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THE NATIONAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

WASHINGTON, D. C.

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DECLASSIFIED BY: [redacted]

DATE: 08/28/01

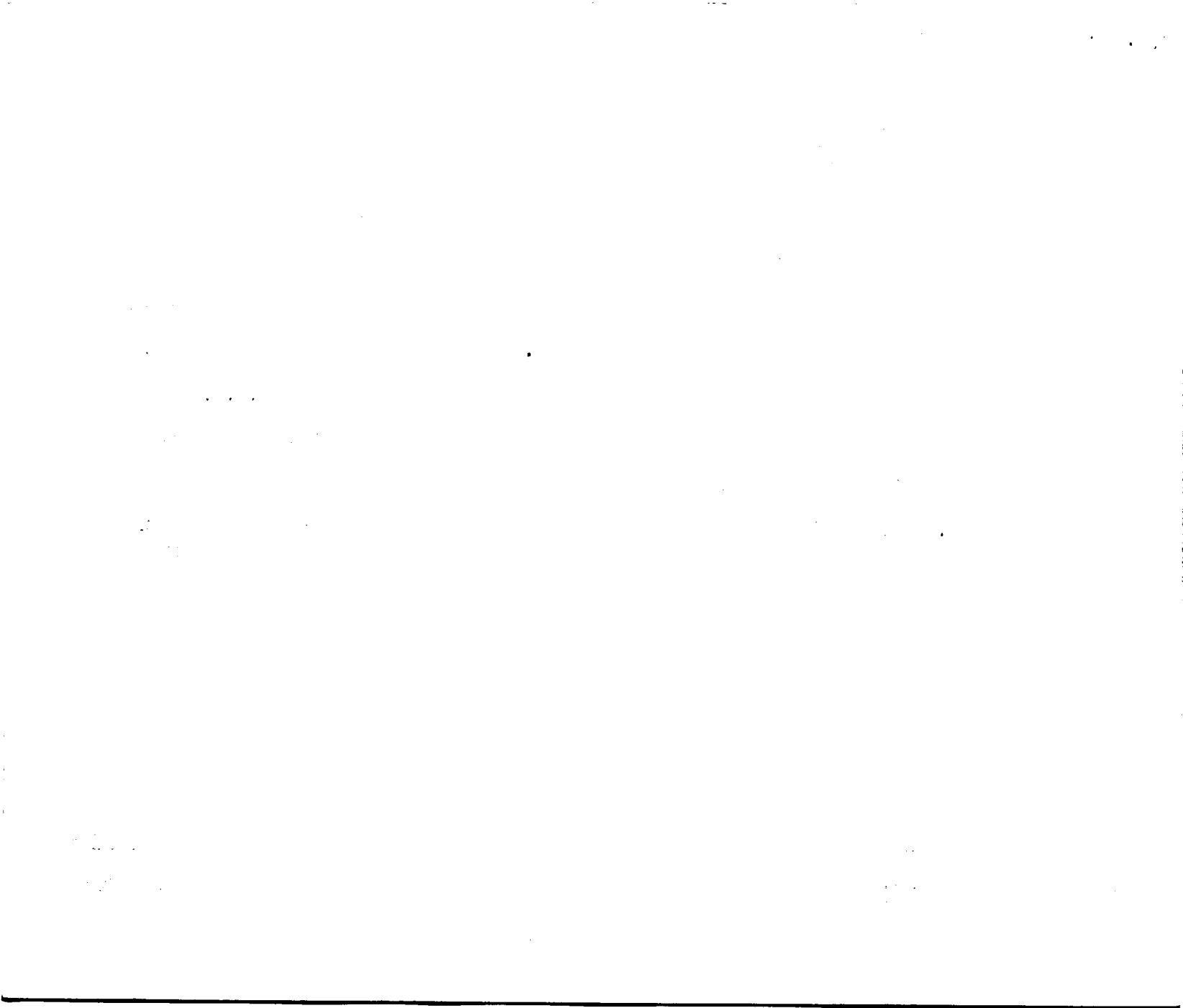
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(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 149
Local Reg. No. 21
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u> b. CITY (If outside corporate limits, write RURAL, and give township) <u>Pocatello</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Pocatello</u> d. STREET ADDRESS (If rural, give location) <u>260 Washington</u>		
3. CHILD'S NAME (Type or Print) <u>Baby</u> <u>Boy</u> <u>Hill</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>October 5, 1958</u>
7. FATHER'S NAME a. (First) <u>Clinton</u> b. (Middle) <u>B.</u> c. (Last) <u>Hill</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>36</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Oakley, Idaho</u>		11a. USUAL OCCUPATION <u>Tool Maker</u>	
				11b. KIND OF BUSINESS OR INDUSTRY <u>N.O.P.</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Georgia</u> b. (Middle) <u>Josephine</u> c. (Last) <u>Pyper</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>33</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Teton, Idaho</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Five</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Mrs. Georgia Hill</u> (Mother)					
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS		18b. WEIGHT AT BIRTH LBS. <u> </u> OZS. <u> </u>		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>			
		20b. MATERNAL CAUSES <u>Unknown</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u> (Specify if M. D., midwife, or other)		23b. DATE SIGNED <u>Oct. 7, 1958</u>	
		23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>October 5, 1958</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Mountainview</u>	
				25d. LOCATION (City, town, or county) (State) <u>Pocatello Bannock Idaho</u>	
DATE REC'D BY LOCAL <u>OCT 14 1958</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. FUNERAL DIRECTOR <u>Manning Funeral Chapel - 510 North 12th</u>	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 150
Local Reg. No. 243
Reg. Dist. No. 670

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u> b. CITY OR TOWN <u>Idaho Falls</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Idaho Falls L. D. S. Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jefferson</u> c. CITY OR TOWN <u>Rigby</u> d. STREET ADDRESS (If rural, give location) <u>100 South 2nd West</u>	
3. CHILD'S NAME (Type or Print) <u>INFANT SARGENT</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August 7 1958</u>
7. FATHER'S NAME a. (First) <u>David</u> b. (Middle) <u>Louis</u> c. (Last) <u>Sargent</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>18</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>	11a. USUAL OCCUPATION <u>Salesman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Bottled Gas</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Zina</u> b. (Middle) <u>Ann</u> c. (Last) <u>Nielson</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>16</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Zina Ann Sargent</u>			
18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>14 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u>.....</u> Approximate date <u>July 1958</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Intrauterine Trauma</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>James R. Carey M.D.</u> 23b. ATTENDANT'S ADDRESS <u>Idaho Falls, Idaho</u> 23c. DATE SIGNED <u>9/27/58</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Idaho Falls, Idaho</u>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Aug. 9, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls Idaho</u>
DATE REC'D BY LOCAL REG. <u>Nov. 13-1958</u>		26. FUNERAL DIRECTOR <u>Idaho Falls, Idaho</u>	

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(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No. 246151
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u> b. CITY OR TOWN <u>Idaho Falls</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>LDS Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Butte</u> c. CITY OR TOWN <u>Arco</u> d. STREET ADDRESS (If rural, give location) <u>Box 596</u>		
3. CHILD'S NAME ((Type or Print)) <u>Stillborn Baby Boy Jensen</u>					
4. SEX <u>Male</u>		5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	
6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>October 24, 1958</u>					
7. FATHER'S NAME a. (First) <u>Verl</u> b. (Middle) <u>Walter</u> c. (Last) <u>Jensen</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>24</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Idaho</u>		11a. USUAL OCCUPATION <u>Farming</u>	
11b. KIND OF BUSINESS OR INDUSTRY					
12. MOTHER'S MAIDEN NAME <u>Shirley</u>		b. (Middle) <u>Cummings</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>23</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Ohio</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>- Verl W. Jensen</u>					
18a. LENGTH OF PREGNANCY WEEKS <u>5</u>		18b. WEIGHT AT BIRTH LBS. <u>5</u> OZS.		19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Undetermined</u> 20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>[Signature]</u>		23b. DATE SIGNED	
		23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE <u>[Signature]</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>10/27/58</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	
25d. LOCATION (City, town, or county) (State) <u>Idaho Falls, Idaho</u>		26. FUNERAL DIRECTOR ADDRESS <u>Jack A. Wood, Jr. Idaho Falls, Idaho</u>			

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 FEDERAL SECURITY AGENCY
 PUBLIC HEALTH SERVICE

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 (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 State of Idaho

 State File No. 152
 Local Reg. No. 75
 Reg. Dist. No. 360

Bureau of Vital Statistics

1. PLACE OF STILLBIRTH a. COUNTY <u>CANYON</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>IDAHO</u> b. COUNTY <u>OWYHEE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CALDWELL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOMEDALE</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>CALDWELL MEMORIAL</u>		d. STREET ADDRESS (If rural, give location) <u>Box 741</u>	
3. CHILD'S NAME (Type or Print) <u>CARL RAY SIMPSON</u>			
4. SEX <u>MALE</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 9, 1958</u>
7. FATHER'S NAME a. (First) b. (Middle) c. (Last)		8. COLOR OR RACE	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) b. (Middle) c. (Last)		13. COLOR OR RACE	
<u>WANDA FAY SIMPSON</u>		<u>WHITE</u>	
14. AGE (At time of this birth) <u>17</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>CALDWELL, IDAHO</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Wanda Fay Simpson</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>asphyxia</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Anaesthesia</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>out let forceps - episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:27 p.m.</u>		23a. ATTENDANT'S SIGNATURE <u>Ed E. Ray M.D.</u>	23b. DATE SIGNED <u>Oct 10 - 1958</u>
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Peckham-Dakan</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>10-13-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Gen Davis Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Caldwell, Idaho</u>
DATE REC'D BY LOCAL REG. <u>10-25-58</u>	REGISTRAR'S SIGNATURE <u>Agnese Mendenhall</u>	26. FUNERAL DIRECTOR <u>Peckham-Dakan</u> <u>Caldwell, Idaho</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 153
Local Reg. No. 84
Reg. Dist. No. 360

1. PLACE OF STILLBIRTH a. COUNTY <u>CANYON</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>CANYON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Caldwell</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caldwell</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Caldwell Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5th Joliet Apt. 2</u>	
3. CHILD'S NAME (Type or Print) <u>Teresa Louise Overlin</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>10 - 15 - 58</u>
7. FATHER'S NAME a. (First) <u>George</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Overlin</u>	8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Caldwell Idaho</u>	11a. USUAL OCCUPATION <u>Plumbers Helper</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Fleetwood Trailers Company</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Josephine</u> c. (Last) <u>Booth</u>	13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Slater, Missouri</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mary Josephine Overlin's mother</u>			
18a. LENGTH OF PREGNANCY <u>?</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>5</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u> </u> Approximate date <u>Feb. 1958</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Undetermined</u>	
		20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>No fetal movement for last 2 wks.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7:45 A.M.</u>		23a. ATTENDANT'S SIGNATURE <u>Oakes H. Weaver M.D.</u>	23b. DATE SIGNED <u>Oct. 21, 1958</u>
23c. ATTENDANT'S ADDRESS <u>Caldwell, Idaho</u>		IF NOT attended by physician <input type="checkbox"/>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Peckham-Dakan Davis</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>10-17-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Parma Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Parma, Idaho</u>
DATE REC'D BY LOCAL REG. <u>11-4-58</u>	REGISTRAR'S SIGNATURE <u>Agnes M. Denman</u>	26. FUNERAL DIRECTOR <u>Caldwell, Idaho</u>	

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CERTIFICATE OF STILLBIRTH
RECORDS State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Samaritan Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>314 Boston Drive</u>	
3. CHILD'S NAME (Type or Print) <u>ROY EARL STACEY</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>October 31, 1958</u>
7. FATHER'S NAME a. (First) <u>Edwin</u>		b. (Middle)	c. (Last) <u>Stacey</u>
8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>53</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rockville, Missouri</u>	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Helen</u>		b. (Middle)	c. (Last) <u>Wells</u>
13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>43</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Milo, Missouri</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>12</u> b. How many children were born alive but are now dead? <u>- - -</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>One</u>	
17. INFORMANT <u>Joseph M. C. Colbough</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>11</u> LBS. - OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Asphyxia due to Cord wrapped around neck - body & legs.</u>		20a. FETAL CAUSES <u>Asphyxia due to Cord wrapped around neck - body & legs.</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Herry C. Wesche M.D.</u>	23b. DATE SIGNED <u>11-4-58</u>
23c. ATTENDANT'S ADDRESS <u>Nampa Idaho.</u>		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John J. Alsip, Jr.</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>11-4-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Kohlerlawn Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Nampa Idaho</u>
DATE REC'D BY LOCAL REG. <u>Nov. 17, 1958</u>		REGISTRAR'S SIGNATURE <u>Mrs. Jane Steck</u>	26. FUNERAL DIRECTOR ADDRESS <u>ALSIP FUNERAL CHAPEL</u>

*This body embalmed under the direction of Ross E. Chastain, E-438, at Nampa, Idaho
31 October, 1958*

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 155
Local Reg. No. 21
Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH a. COUNTY <u>Gem</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary Secor Hosp.</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gem</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u> d. STREET ADDRESS (If rural, give location) <u>So. Washington</u>	
3. CHILD'S NAME (Type or Print) <u>Darlene Kay Tappex</u>			
4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 4 1958</u>
7. FATHER'S NAME a. (First) <u>Vincent</u> b. (Middle) <u>Dale</u> c. (Last) <u>Tappex</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Creighton Neb.</u>	11a. USUAL OCCUPATION <u>Mill worker</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Minnie</u> b. (Middle) <u>Louise</u> c. (Last) <u>Spear</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Emmett, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Vincent D Tappex</u>			
18a. LENGTH OF PREGNANCY <u>39</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u> </u> OZS. <u> </u>	19. Was a standard serological test for syphilis performed? Yes <u>L</u> No <u> </u> Approximate date <u> </u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Compression of Cord</u> 20b. MATERNAL CAUSES <u>Premature labor</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Development of Cord</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u> </u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u> </u> m.		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u> (Specify if M. D., midwife, or other)	23b. DATE SIGNED <u>Oct. 1958</u>
23c. ATTENDANT'S ADDRESS <u> </u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>	TITLE <u> </u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>Oct. 6 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Emmett, Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Emmett, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Oct. 9, 1958</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	26. FUNERAL DIRECTOR ADDRESS <u>The Beatty Chapel, Emmett, Idaho</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 156
Local Reg. No. 1640
Reg. Dist. No. 1640

1. PLACE OF STILLBIRTH a. COUNTY Jefferson		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rigby		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Rigby	
c. FULL NAME OF HOSPITAL OR INSTITUTION Rigby Materhity Hospital		d. STREET ADDRESS (If rural, give location) Rte. #1	
3. CHILD'S NAME (Type or Print) BABY BOY HOOPES			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 11, 1958
7. FATHER'S NAME a. (First) George b. (Middle) "W" c. (Last) Hoopes		8. COLOR OR RACE White	
9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) Rupert, Idaho.	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Sugar
12. MOTHER'S MAIDEN NAME a. (First) Alta b. (Middle) Clegg c. (Last)		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Burley, Idaho.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT George W. Hoopes			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 1 OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date 9-11-58	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
		20b. MATERNAL CAUSES Premature separation of placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR abruptio placenta + hemorrhage		22. STATE ALL OPERATIONS FOR DELIVERY Surgical separation of membranes.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE Isaac Hall (Specify if M. D., midwife, or other) M.D.		23b. DATE SIGNED Oct. 13, 1958
	23c. ATTENDANT'S ADDRESS Rigby, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Bruce A. Eckersell TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 10/13/1958	25c. NAME OF CEMETERY OR CREMATORY Milo	25d. LOCATION (City, town, or county) (State) Milo Bonneville Idaho.
DATE REC'D BY LOCAL REG 10/13/58	REGISTRAR'S SIGNATURE Mrs. A. B. Eckersell	26. FUNERAL DIRECTOR Bruce A. Eckersell ADDRESS Rigby, Idaho.	

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

RECEIVED State of Idaho

State File No. 157

Local Reg. No. 13

Reg. Dist. No. 642

1. PLACE OF STILLBIRTH a. COUNTY Jefferson OCT 21 1958		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rigby base of Vital Stat		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rigby	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rigby Maternity Hospital		d. STREET ADDRESS (If rural, give location) Rte. #2	
3. CHILD'S NAME (Type or Print) BABY GIRL RADFORD			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 24, 1958
7. FATHER'S NAME a. (First) Dellas b. (Middle) LaVar c. (Last) Radford			8. COLOR OR RACE White
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) Ririe, Idaho.	11a. USUAL OCCUPATION Foreman	11b. KIND OF BUSINESS OR INDUSTRY Carpenter
12. MOTHER'S MAIDEN NAME a. (First) Verna b. (Middle) Marie c. (Last) Johnson			13. COLOR OR RACE White
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Gilmore, Idaho.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 6 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Dellas Radford			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes...X... No..... Approximate date 7/22/58	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Choked Cord -	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Low forceps -	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Edna Hall M.D.	
23b. DATE SIGNED 10/24/58		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
23c. ATTENDANT'S ADDRESS Rigby, Idaho		If NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Oct. 26, 1958	25c. NAME OF CEMETERY OR CREMATORY Ririe - Shelton	25d. LOCATION (City, town, or county) (State) Ririe Bonneville Idaho.
DATE REC'D BY LOCAL REG. 10/26/58		REGISTRAR'S SIGNATURE Mrs A B C Kersell	
		26. FUNERAL DIRECTOR Bruce A. Cokemell ADDRESS Rigby, Idaho.	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

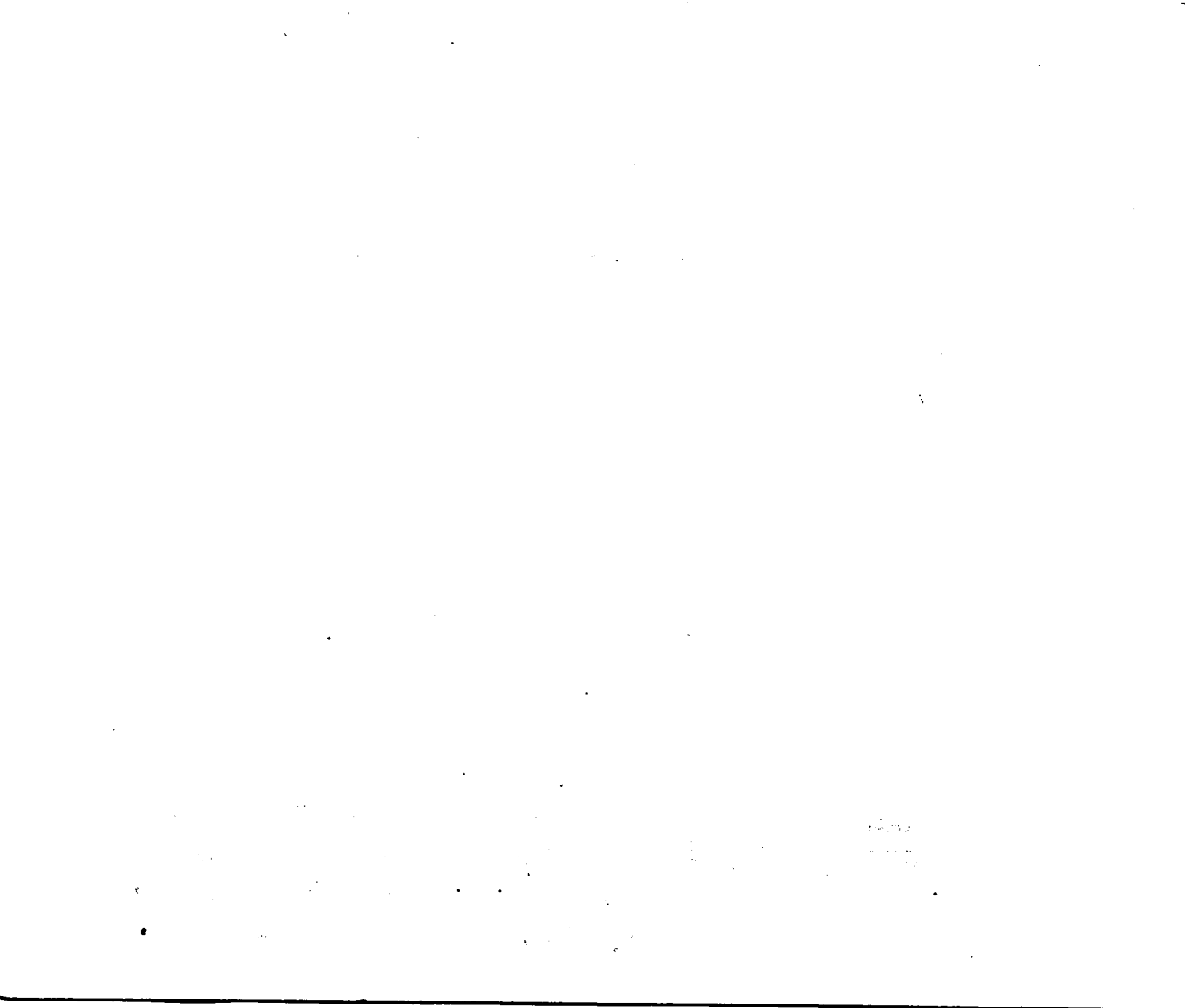
State File No. **158**
Local Reg. No. **644**
Reg. Dist. No. **440**

1. PLACE OF STILLBIRTH a. COUNTY <u>Jerome</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerome</u> c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Benedict's</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jerome</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerome</u> d. STREET ADDRESS (If rural, give location) <u>516 West Ave. S.</u>		
3. CHILD'S NAME (Type or Print) <u>Deanna Lynn Miller</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 23, 1958</u>		
7. FATHER'S NAME a. (First) <u>Stillman</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Miller</u>			8. COLOR OR RACE <u>Wh</u>		
9. AGE (At time of this birth) <u>46</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Overbrook, Kansas</u>	11a. USUAL OCCUPATION <u>Brick Layer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Larry England</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Margaret</u> b. (Middle) <u>Lucille</u> c. (Last) <u>Eden</u>			13. COLOR OR RACE <u>Wh</u>		
14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Albia, Iowa</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>5</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>Mrs. Miller Miller (mother)</u>					
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>1</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>2nd Trimester</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Not known</u>			
		20b. MATERNAL CAUSES <u>Severe bronchitis, week prior to delivery</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3:42</u> m.		23a. ATTENDANT'S SIGNATURE <u>Karen H. Baker, M.D.</u> (Specify if M.D., midwife, or other)		23b. DATE SIGNED <u>10-27-58</u>	
23c. ATTENDANT'S ADDRESS <u>Jerome, Idaho</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Harry V. Crippin</u>		
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>10/28/58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Jerome</u>		25d. LOCATION (City, town, or county) (State) <u>Jerome Ida.</u>
DATE REC'D BY LOCAL REG. <u>10/28/58</u>	REGISTRAR'S SIGNATURE <u>Opala Rowe</u>		26. FUNERAL DIRECTOR <u>Harry V. Crippin</u>		
		<u>Jerome Idaho.</u>			

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
RECEIVED State of Idaho

State File No. 159
Local Reg. No. 125
Reg. Dist. No. 202

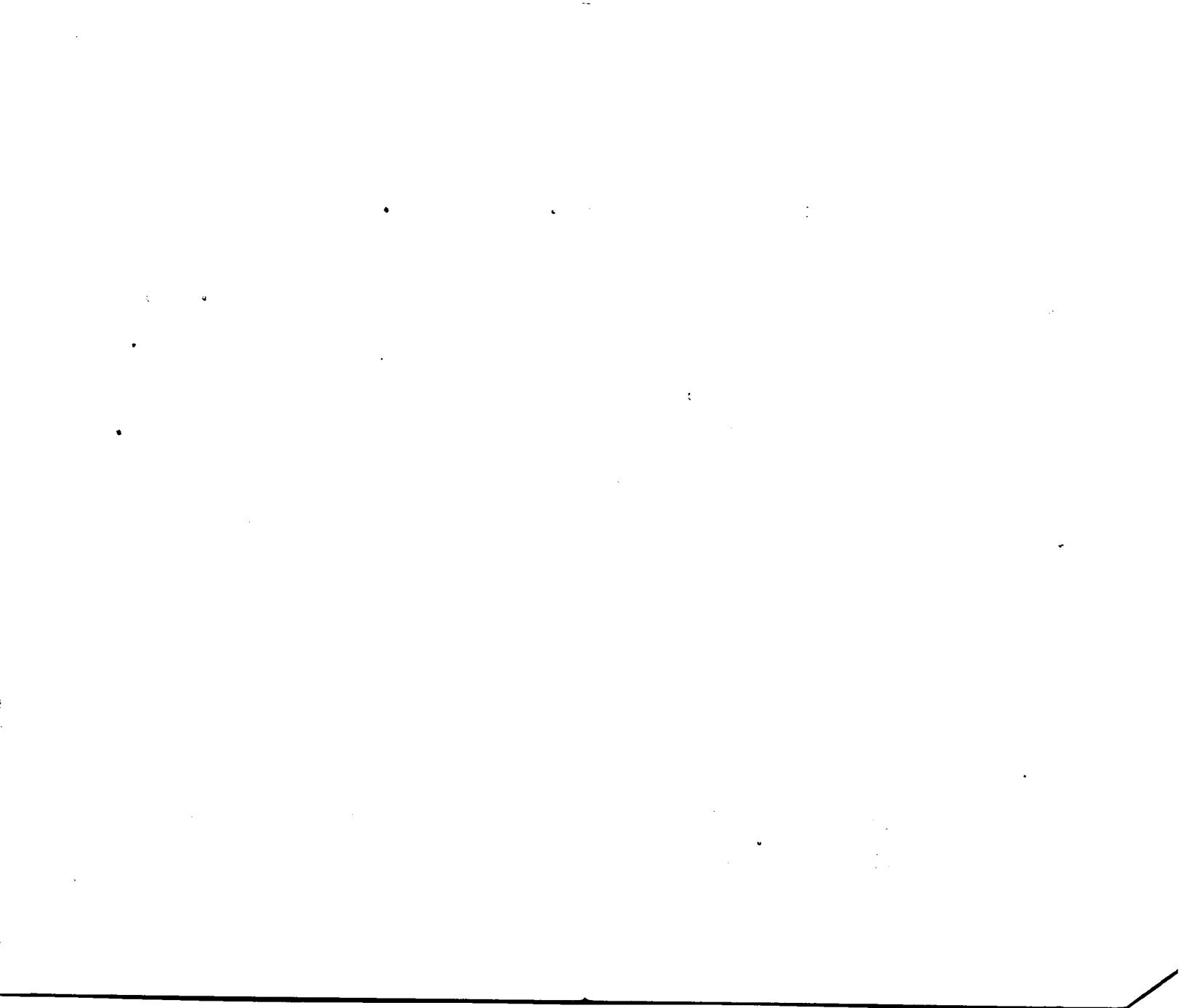
1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u> <u>NOV 19 1958</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u> <u>Bureau of Vital Statistics</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gritman Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>530 Taylor</u>	
3. CHILD'S NAME (Type or Print) <u>Richard Ernest Mason</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 28, 1958</u>
7. FATHER'S NAME a. (First) <u>Ronald</u> b. (Middle) <u>Lee</u> c. (Last) <u>Mason Sr.</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Calgary Alta. Canada</u>	11a. USUAL OCCUPATION <u>Student</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U. of I.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Betty</u> b. (Middle) <u>Eliza</u> c. (Last) <u>Nelson</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Malad, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Four</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Mrs. Ronald Mason mother</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>5</u> OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date <u>May 1958</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>True knot in umbilical cord</u>		20a. FETAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Epidural</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1222 m.</u>		23a. ATTENDANT'S SIGNATURE <u>Ron. P. Morrison M.D.</u> (Specify if M. D., midwife, or other)	
23b. DATE SIGNED <u>29 Oct 58</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>E. R. Short</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>11-2-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Boise</u>	25d. LOCATION (City, town, or county) (State) <u>Boise Ada Idaho</u>
DATE REC'D BY LOCAL REG. <u>11/6/58</u>		26. FUNERAL DIRECTOR <u>E. R. Short</u> ADDRESS <u>Moscow, Idaho</u>	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 159
Local Reg. No. 620
Reg. Dist. No. 620

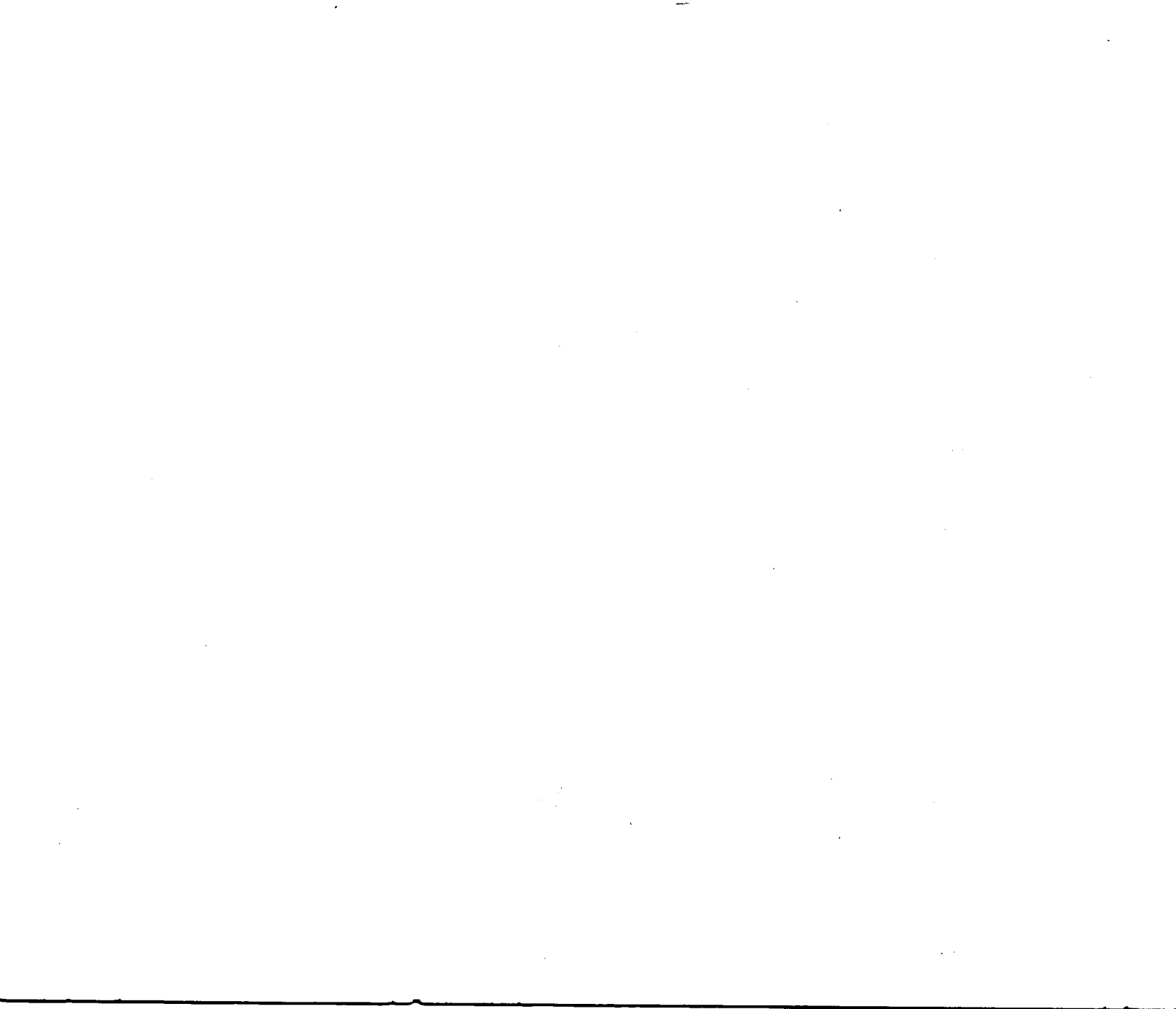
1. PLACE OF STILLBIRTH a. COUNTY Madison		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rexburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rexburg	
c. FULL NAME OF HOSPITAL OR INSTITUTION Madison Memorial Hosp.		d. STREET ADDRESS (If rural, give location) Rt. 1	
3. CHILD'S NAME (Type or Print) Baby Nedrow			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 13, 1958
7. FATHER'S NAME a. (First) Paul b. (Middle) Elwood c. (Last) Nedrow		8. COLOR OR RACE Cau.	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Ashton, Idaho	11a. USUAL OCCUPATION Trucker	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Glennis b. (Middle) c. (Last) McFulloch		13. COLOR OR RACE Cau.	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>Paul Nedrow</i>			
18a. LENGTH OF PREGNANCY <i>Estimate</i> 22 WEEKS	18b. WEIGHT AT BIRTH LBS. 11 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Aug, 1958	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown	
		20b. MATERNAL CAUSES Premature rupture of membranes	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:00 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife or other) <i>Bleddar Parkey M.D.</i>	
23b. DATE SIGNED 10-15-58		23c. ATTENDANT'S ADDRESS Rexburg, Idaho	
		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Dennis L. Haman</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Oct. 15, 1958	
25c. NAME OF CEMETERY OR CREMATORY Sugar City		25d. LOCATION (City, town, or county) (State) Sugar City Idaho	
DATE REC'D BY LOCAL REG. 10-15-58		26. FUNERAL DIRECTOR <i>Dennis L. Haman</i>	
REGISTRAR'S SIGNATURE <i>Lesna Haman</i>		ADDRESS Rexburg, Ida	



CERTIFICATE OF STILLBIRTH
RECEIVED
OCT 13 1958
State of Idaho

State File No. 161
Local Reg. No. 197
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY <u>Mayhew</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u>	
b. CITY OR TOWN <u>Lewiston</u>		b. COUNTY <u>Mayhew</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3233 - 6th St N.</u>	
3. CHILD'S NAME (Type or Print) <u>Paul Gage</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct 1, '58</u>
7. FATHER'S NAME a. (First) <u>Paul</u> b. (Middle) <u>R.</u> c. (Last) <u>Gage</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>27</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Mapleton, Iowa.</u>	
11a. USUAL OCCUPATION <u>Account C.P.A.</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Presnell & Farley</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Georgia</u> b. (Middle) <u>Ma</u> c. (Last) <u>Andrews</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>26</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Coeur d'Alene, Idaho.</u>	
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u>		b. How many children were born alive but are now dead? <u>none</u>	
17. INFORMANT <u>Paul G. Gage</u>		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
18a. LENGTH OF PREGNANCY <u>9mo.</u> WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>1</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>April, 1958.</u>	
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Asphyxiation; Cord pulled tightly</u>		20b. MATERNAL CAUSES <u>Around neck, 5 complete turns</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>This occurred early in labor</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Scanzoni rotation & mis forceps</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:54 A.M.</u> m.		23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) <u>S. Newton M.D.</u>	
23b. DATE SIGNED <u>10-4-58</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Lewiston, Idaho.</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>Oct 2-58</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Normal Hill</u>		25d. LOCATION (City, town, or county) (State) <u>Lewiston Idaho.</u>	
DATE REC'D BY LOCAL REG. <u>10/6/58</u>		26. FUNERAL DIRECTOR ADDRESS <u>Vassar-Rawls Funeral Home, Lewiston Idaho.</u>	



a. COUNTY Shoshone		OCT 15 1958		a. STATE Idaho		b. COUNTY Shoshone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kellogg		Bureau of Vital Statistics		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pinehurst			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Hospital Kellogg, Idaho				d. STREET ADDRESS (If rural, give location) Box 424 Kellogg, Idaho			
3. CHILD'S NAME (Type or Print) INFANT GIRL COGGER							
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) October 3 1958		
7. FATHER'S NAME Ellsworth		a. (First)		b. (Middle) Cogger		c. (Last)	
9. AGE (At time of this birth) 28 YEARS		10. BIRTHPLACE (State or foreign country) Minnesota		11a. USUAL OCCUPATION Smelterman		11b. KIND OF BUSINESS OR INDUSTRY Mining	
12. MOTHER'S MAIDEN NAME Elaine		a. (First)		b. (Middle)		c. (Last) Jaksch	
13. COLOR OR RACE White		14. AGE (At time of this birth) 28 YEARS		15. BIRTHPLACE (State or foreign country) Minnesota		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMATION Ellsworth Cogger							
18a. LENGTH OF PREGNANCY 38 WEEKS		18b. WEIGHT AT BIRTH 5 LBS. 2 OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date April 58			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES none					
		20b. MATERNAL CAUSES Premature placental separation.					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none other than				22. STATE ALL OPERATIONS FOR DELIVERY none			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) [Signature]				23b. DATE SIGNED 6 Oct 58	
23c. ATTENDANT'S ADDRESS Kellogg, Idaho		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE			
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Oct 4, 1958		25c. NAME OF CEMETERY OR CREMATORY Shanewood		25d. LOCATION (City, town, or county) (State) Kellogg Idaho	
DATE REC'D BY LOCAL REG. 10/13/58		REGISTRAR'S SIGNATURE [Signature]		26. FUNERAL DIRECTOR [Signature]		ADDRESS Kellogg, Idaho	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

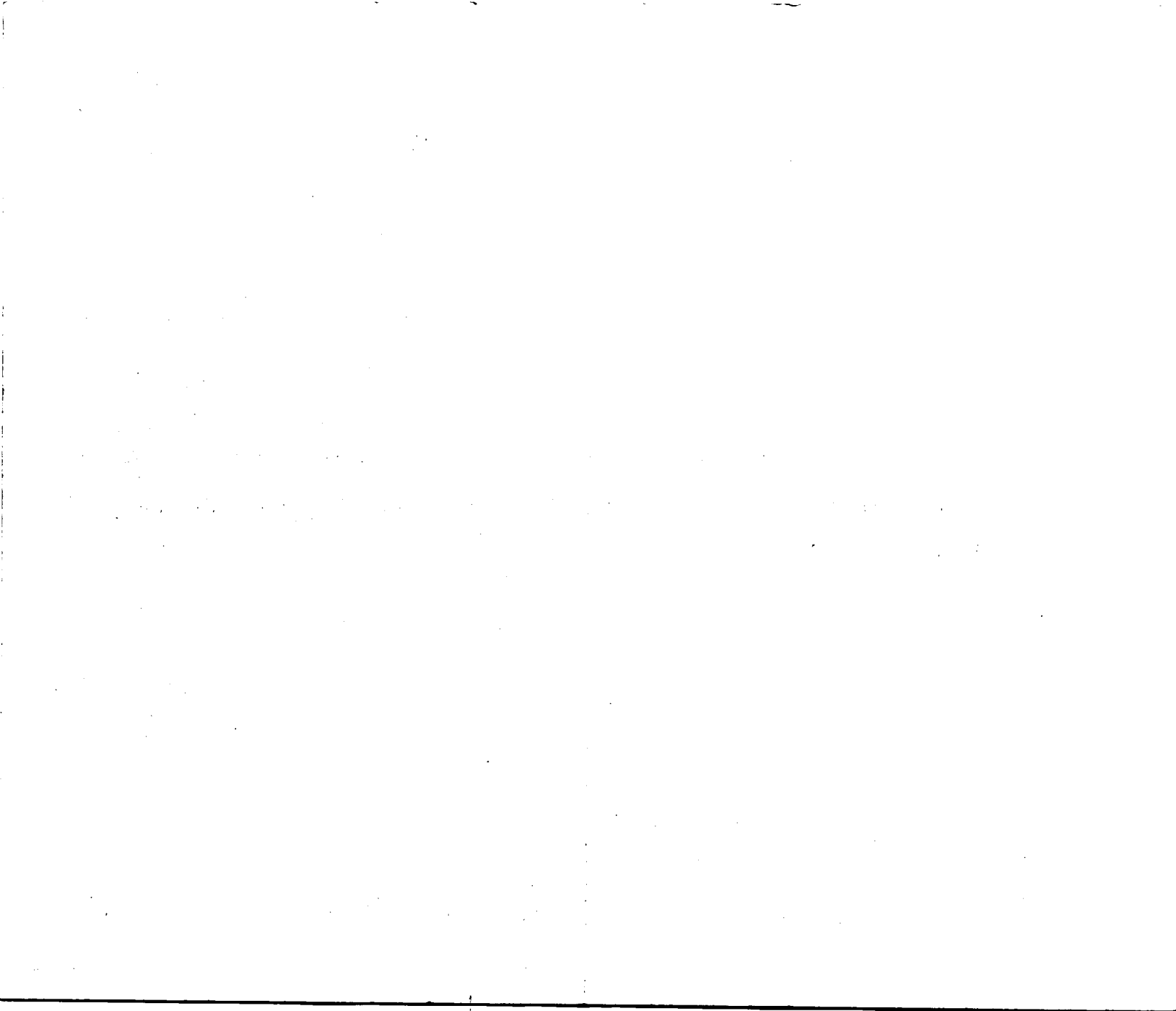
State File No. 163
Local Reg. No. 354
Reg. Dist. No. 160

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Magic Valley Memorial Hospital			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buhl, rural d. STREET ADDRESS (If rural, give location) Route 3		
3. CHILD'S NAME ((Type or Print)) James Jensen					
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 23, 1958		
7. FATHER'S NAME a. (First) Gerald b. (Middle) S. c. (Last) Jensen		8. COLOR OR RACE white			
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY farming		
12. MOTHER'S MAIDEN NAME a. (First) Janice b. (Middle) Ruth c. (Last) Ramsey		13. COLOR OR RACE white			
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1			
17. INFORMANT <i>[Signature]</i>					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Erythroblastosis fetalis</i>			
		20b. MATERNAL CAUSES <i>Elevated Anti Rk titer</i>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Miscar abortion for 5 weeks</i>			22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>[Signature]</i>		23b. DATE SIGNED 9/24/58	
		23c. ATTENDANT'S ADDRESS <i>Filer, Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>[Signature]</i> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 9-24-58	25c. NAME OF CEMETERY OR CREMATORY Buhl City Cemetery		25d. LOCATION (City, town, or county) (State) Buhl, Idaho	
DATE REC'D BY LOCAL REG. Sept. 30, 1958	REGISTRAR'S SIGNATURE <i>[Signature]</i>		26. FUNERAL DIRECTOR <i>[Signature]</i>		ADDRESS Buhl, Idaho

RECEIVED
CERTIFICATE OF STILLBIRTH
State of Idaho

166
State File No.
Local Reg. No. 359
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Twin Falls Memorial Valley</u>		d. STREET ADDRESS (If rural, give location) <u>1412 6th Ave North</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Bay-ma melle n</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>10-6-58</u>
7. FATHER'S NAME a. (First) <u>Harlin</u> b. (Middle) <u>Robert</u> c. (Last) <u>McMillen</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>18</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	11a. USUAL OCCUPATION <u>Service Station attendant</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>LORAIN</u> b. (Middle) <u>(none)</u> c. (Last) <u>VAN HOUTEN</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>17</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Nederland Colorado</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Adm. chart & patient.</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS <u>10 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Not Known</u>	
		20b. MATERNAL CAUSES <u>Not Known</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u> 23c. ATTENDANT'S ADDRESS <u>Twin Falls Idaho</u>	23b. DATE SIGNED <u>10-6-58</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	25b. DATE <u>10/7/58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Twin Falls Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Twin Falls, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Oct. 9, 1958</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	2. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>Funeral Home - Twin Falls, Idaho.</u>

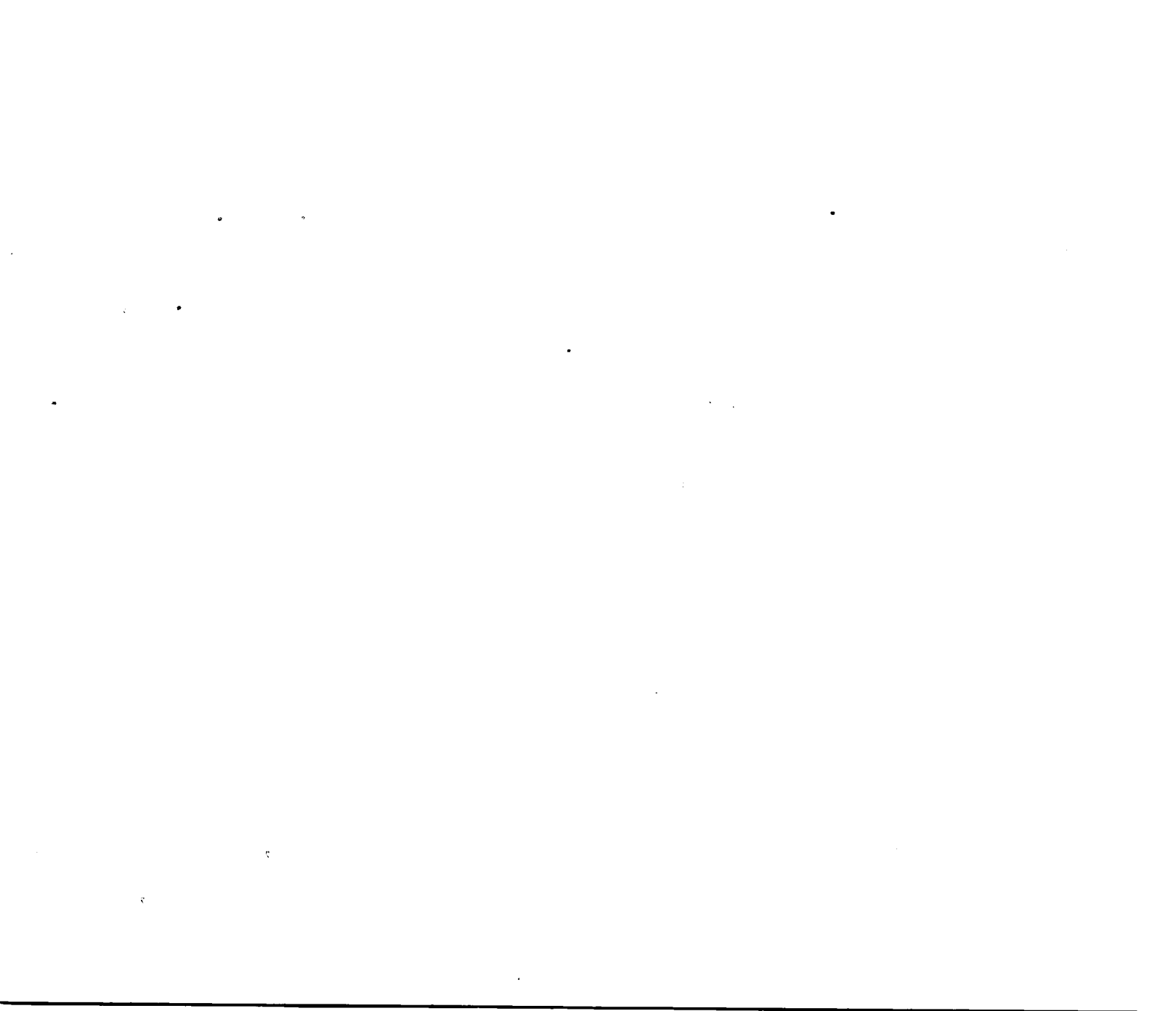


(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **165**
Local Reg. No. **398**
Reg. Dist. No. **270**

RECEIVED

1. PLACE OF STILLBIRTH a. COUNTY Ada DEC 5 1958			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise Bureau of Vital Statistics			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Alphonsus Hospital			d. STREET ADDRESS (If rural, give location) 1611 N. 17th. Street		
3. CHILD'S NAME (Type or Print)					
BABY		GIRL		TEMPLETON	
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 16, 1958		
7. FATHER'S NAME a. (First) Roger b. (Middle) W. c. (Last) Templeton			8. COLOR OR RACE White		
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Boise, Idaho	11a. USUAL OCCUPATION Timber Cruiser	11b. KIND OF BUSINESS OR INDUSTRY State Land Dept.		
12. MOTHER'S MAIDEN NAME a. (First) Evelyn b. (Middle) Cash c. (Last) White			13. COLOR OR RACE White		
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Lewiston, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None			
17. INFORMANT <i>Norm W. Templeton</i>					
18a. LENGTH OF PREGNANCY 19 WEEKS	18b. WEIGHT AT BIRTH Unknown	19. Was a standard serological test for syphilis performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) None discovered		20a. FETAL CAUSES Spontaneous abortion - note length of pregnancy			
20b. MATERNAL CAUSES					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None			22. STATE ALL OPERATIONS FOR DELIVERY None		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.			23a. ATTENDANT'S SIGNATURE <i>Dr. J. D. Dyer</i> (Specify if M. D., midwife, or other)		23b. DATE SIGNED Nov. 19 1958
23c. ATTENDANT'S ADDRESS Boise			24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Dr. J. D. Dyer</i> TITLE		
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 11/19/58	25c. NAME OF CEMETERY OR CREMATORY Clowerdale	25d. LOCATION (City, town, or county) (State) Boise, Idaho		
DATE REC'D BY LOCAL REG. 11-25-58	REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>		26. FUNERAL DIRECTOR'S ADDRESS Boise, Idaho SUMMERS FUNERAL HOME		



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **166**
Local Reg. No. **80**
Reg. Dist. No. **130**

1. PLACE OF STILLBIRTH a. COUNTY Benewah		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Benewah	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Maries		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Maries	
c. FULL NAME OF HOSPITAL OR INSTITUTION Benewah Community		d. STREET ADDRESS (If rural, give location)	

3. CHILD'S NAME
(Type or Print) **Baby Boy Sullivan**

4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) November 4, 1958
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7. FATHER'S NAME a. (First) Edward b. (Middle) Michael c. (Last) Sullivan	8. COLOR OR RACE White
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9. AGE (At time of this birth) 47 YEARS	10. BIRTHPLACE (State or foreign country) Chicopee Falls, Mass.	11a. USUAL OCCUPATION Doctor	11b. KIND OF BUSINESS OR INDUSTRY Medical
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12. MOTHER'S MAIDEN NAME a. (First) Bernice b. (Middle) Louise c. (Last) Stohlmann	13. COLOR OR RACE White
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14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Adams, Mass.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
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17. INFORMANT	18a. LENGTH OF PREGNANCY 37 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 1 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date July 29, 1958
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18a. LENGTH OF PREGNANCY 37 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 1 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date July 29, 1958
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES	20b. MATERNAL CAUSES Premature separation of the placenta
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21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Eclampsia	22. STATE ALL OPERATIONS FOR DELIVERY None
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:32 A m.	23a. ATTENDANT'S SIGNATURE Bergen A. Rapp M.D.	23b. DATE SIGNED 11-7-58
	23c. ATTENDANT'S ADDRESS St. Maries, Idaho	24. SIGNATURE OF AUTHORIZED OFFICIAL Arnold E. Branning

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Nov. 6 1958	25c. NAME OF CEMETERY OR CREMATORY Woodlawn	25d. LOCATION (City, town, or county) (State) St. Maries Idaho
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DATE REC'D BY LOCAL REG. 11-10-58	REGISTRAR'S SIGNATURE Beatrice L. Mitchell	25e. FUNERAL DIRECTOR ADDRESS Arnold E. Branning St. Maries
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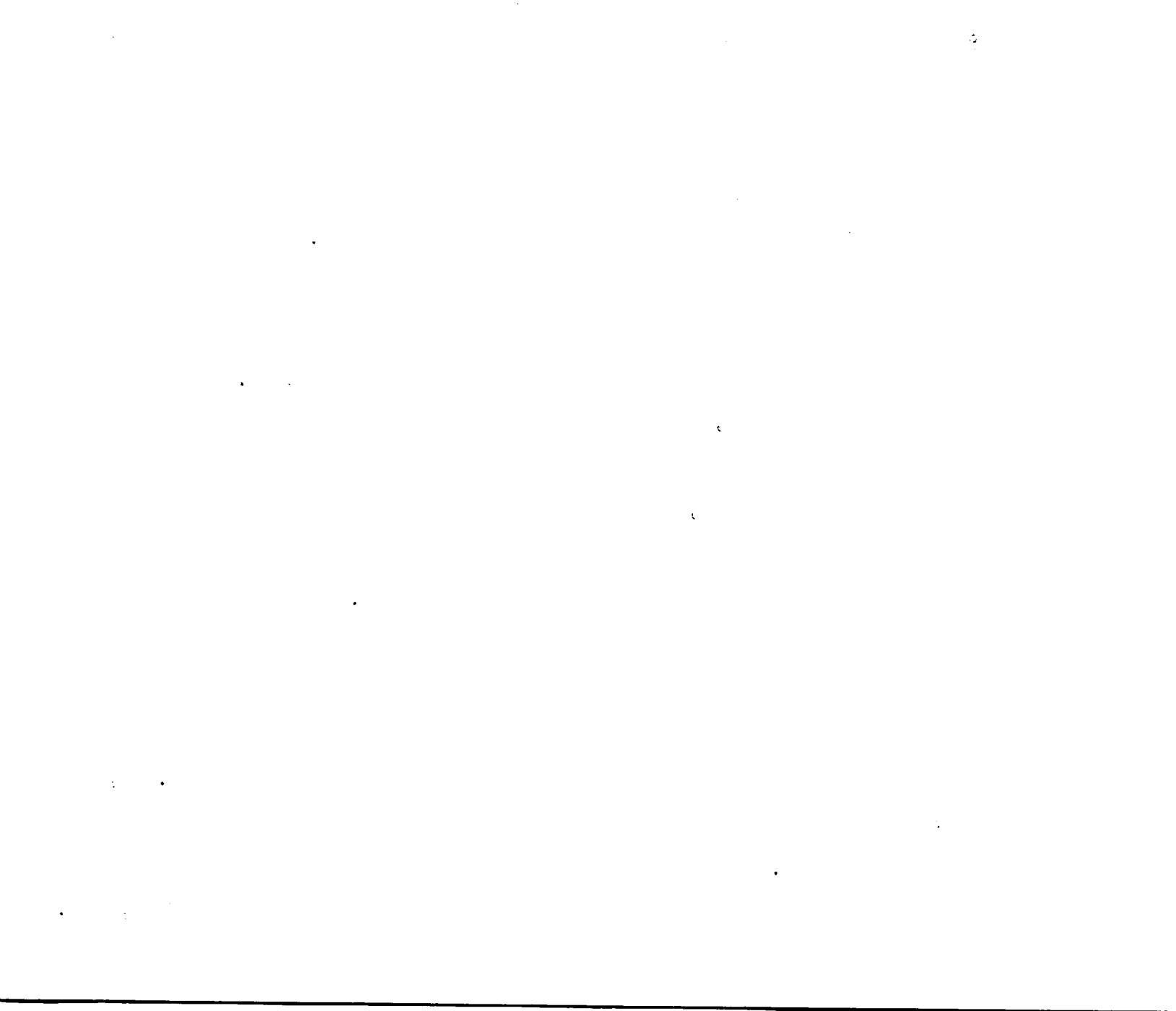
3647-58

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 167
Local Reg. No. 212
Reg. Dist. No. 600

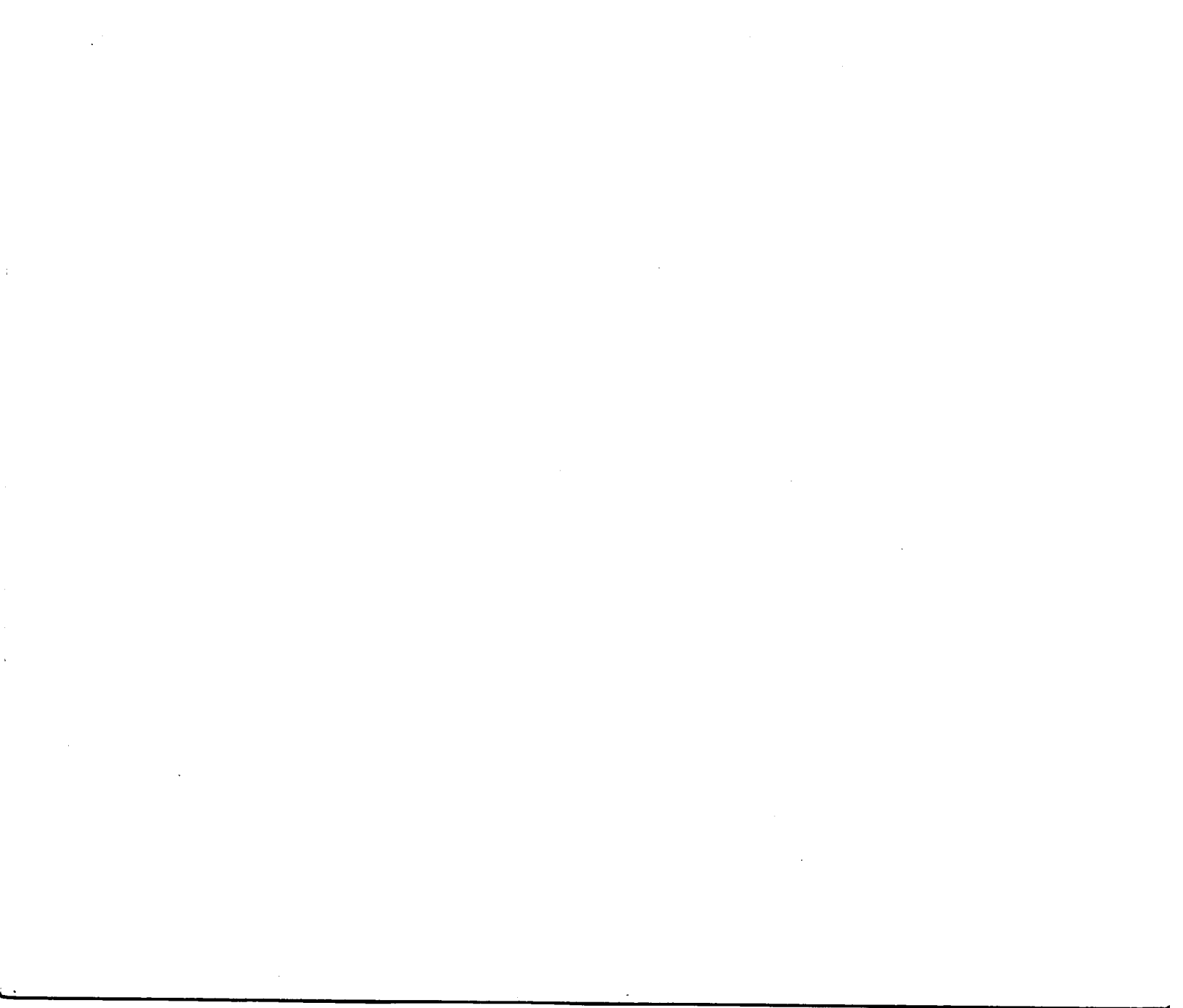
1. PLACE OF STILLBIRTH a. COUNTY <u>Bingham</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bingham Memorial</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u> d. STREET ADDRESS (If rural, give location) <u>445 S. Cleveland</u>		
3. CHILD'S NAME ((Type or Print))					
4. SEX <u>Male</u>		5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	
6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>November 9 1958</u>					
7. FATHER'S NAME a. (First) <u>Robert</u> b. (Middle) <u>Boardman</u> c. (Last) <u>Edgar, Jr.</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>34</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Dubois, Idaho</u>		11a. USUAL OCCUPATION <u>Telegrapher</u>	
		11b. KIND OF BUSINESS OR INDUSTRY			
12. MOTHER'S MAIDEN NAME a. (First) <u>Billye</u> b. (Middle) <u>Jane</u> c. (Last) <u>Rowe</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>25</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>McCammon, Idaho</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Ralph B. Edgar Jr. Father</u>					
18a. LENGTH OF PREGNANCY <u>35</u> WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes <u>x</u> No <u> </u> Approximate date <u>Feb.</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>			
		20b. MATERNAL CAUSES <u>Unknown</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Intrauterine death 10 days prior to delivery.</u>			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4:56A</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Ralph B. Edgar Jr. MD</u>		23b. DATE SIGNED <u>Nov. 12, 1958</u>	
		23c. ATTENDANT'S ADDRESS <u>Blackfoot</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE <u> </u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		25b. DATE <u>Nov. 9, 1958</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Bingham Memorial Hosp. Blackfoot, Bingham, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>Nov 14 1958</u>		REGISTRAR'S SIGNATURE <u>Drs. Helen E. Faturey</u>		26. FUNERAL DIRECTOR <u>Ingraham</u> ADDRESS <u>Blackfoot, Ida.</u>	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 168
Local Reg. No. 36
Reg. Dist. No. 4-10

1. PLACE OF STILLBIRTH a. COUNTY <u>Blaine</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Hailey</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Hailey Clinical Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Blaine</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Hailey</u> d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Dianna Jeanne Hawkes</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>November 20, 1958</u>
7. FATHER'S NAME a. (First) <u>Grant</u> b. (Middle) <u>Anderson</u> c. (Last) <u>Hawkes</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>40</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Utah</u>	11a. USUAL OCCUPATION <u>Physician & Surgeon</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Frances</u> b. (Middle) <u>Dodson</u> c. (Last) <u>Hawkes</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>40</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Colorado</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. G.A. Hawkes</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>6</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None</u> 20b. MATERNAL CAUSES <u>Premature separation of placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Bleeding at six months</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u> 23c. ATTENDANT'S ADDRESS	23b. DATE SIGNED <u>12-1-58</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Nov 21, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Hailey City Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Hailey, Idaho</u>
DATE REC'D BY LOCAL HEALTH DEPT. <u>Dec. 3-1958</u>		26. FUNERAL DIRECTOR <u>McGoldricks Funeral Chapel - Hailey</u>	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **169**
Local Reg. No. **254**
Reg. Dist. No. **6/0**

1. PLACE OF STILLBIRTH a. COUNTY Bonneville b. CITY OR TOWN Idaho Falls c. FULL NAME OF HOSPITAL OR INSTITUTION L.D.S. Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jefferson c. CITY OR TOWN Rigby d. STREET ADDRESS 1/2 mi. East.	
3. CHILD'S NAME (Type or Print) CAROLE JEANENE CALL			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 11, 1958
7. FATHER'S NAME a. (First) Cyril b. (Middle) Alfred c. (Last) Call		8. COLOR OR RACE White	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Rigby, Idaho	11a. USUAL OCCUPATION Teacher	11b. KIND OF BUSINESS OR INDUSTRY School
12. MOTHER'S MAIDEN NAME a. (First) Carole b. (Middle) Jeanene c. (Last) Hatton		13. COLOR OR RACE White	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Fred Call			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May 17, 1958	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES None		
	20b. MATERNAL CAUSES Fractured pelvis & hematoma of uterus - due to Car accident.		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Automobile accident - 11-6-58		22. STATE ALL OPERATIONS FOR DELIVERY Cesarian Section 11-11-58	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE Israel Hall M.D.		23b. DATE SIGNED 11-13-58
	23c. ATTENDANT'S ADDRESS Rigby, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Bruce A. Ebernell TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 11/13/1958	25c. NAME OF CEMETERY OR CREMATORY Ammon Cemetery	25d. LOCATION (City, town, or county) (State) Ammon Bonneville Idaho.
DATE REC'D BY LOCAL REG NW-20-1958	REGISTERAR'S SIGNATURE Anna Budger		26. FUNERAL DIRECTOR Bruce A. Ebernell ADDRESS Rigby, Idaho.

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 24130
Local Reg. No. 24130
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Butte</u>	
b. CITY OR TOWN <u>Idaho Falls, Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arco</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sacred Heart</u>		d. STREET ADDRESS (If rural, give location) <u>Hannah Street</u>	

3. CHILD'S NAME
(Type or Print) None

4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>11 - 14 - 1958</u>
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7. FATHER'S NAME a. (First) <u>Jay</u> b. (Middle) <u>L. (initial only)</u> c. (Last) <u>Jardine</u>	8. COLOR OR RACE <u>white</u>
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9. AGE (At time of this birth) <u>34 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>comb. man (telephone)</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Telephone company</u>
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12. MOTHER'S MAIDEN NAME a. (First) <u>Bette</u> b. (Middle) <u>Jane</u> c. (Last) <u>Cooper</u>	13. COLOR OR RACE <u>white</u>
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14. AGE (At time of this birth) <u>34 YEARS</u>	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>one</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>
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17. INFORMANT

18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>14</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>10 15 58</u>
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Placental infection</u>	20a. FETAL CAUSES	20b. MATERNAL CAUSES
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21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>	23a. ATTENDANT'S SIGNATURE <u>J. McInnis</u>	(Specify if M. D., midwife, or other) <u>MD</u>	23b. DATE SIGNED
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23c. ATTENDANT'S ADDRESS	IF NOT attended by physician <input type="checkbox"/>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Betty J. Marvel</u>	TITLE <u>Arco, Idaho</u>
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25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Nov 16-1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	25d. LOCATION (City, town, or county) (State) <u>Arco, Idaho</u>
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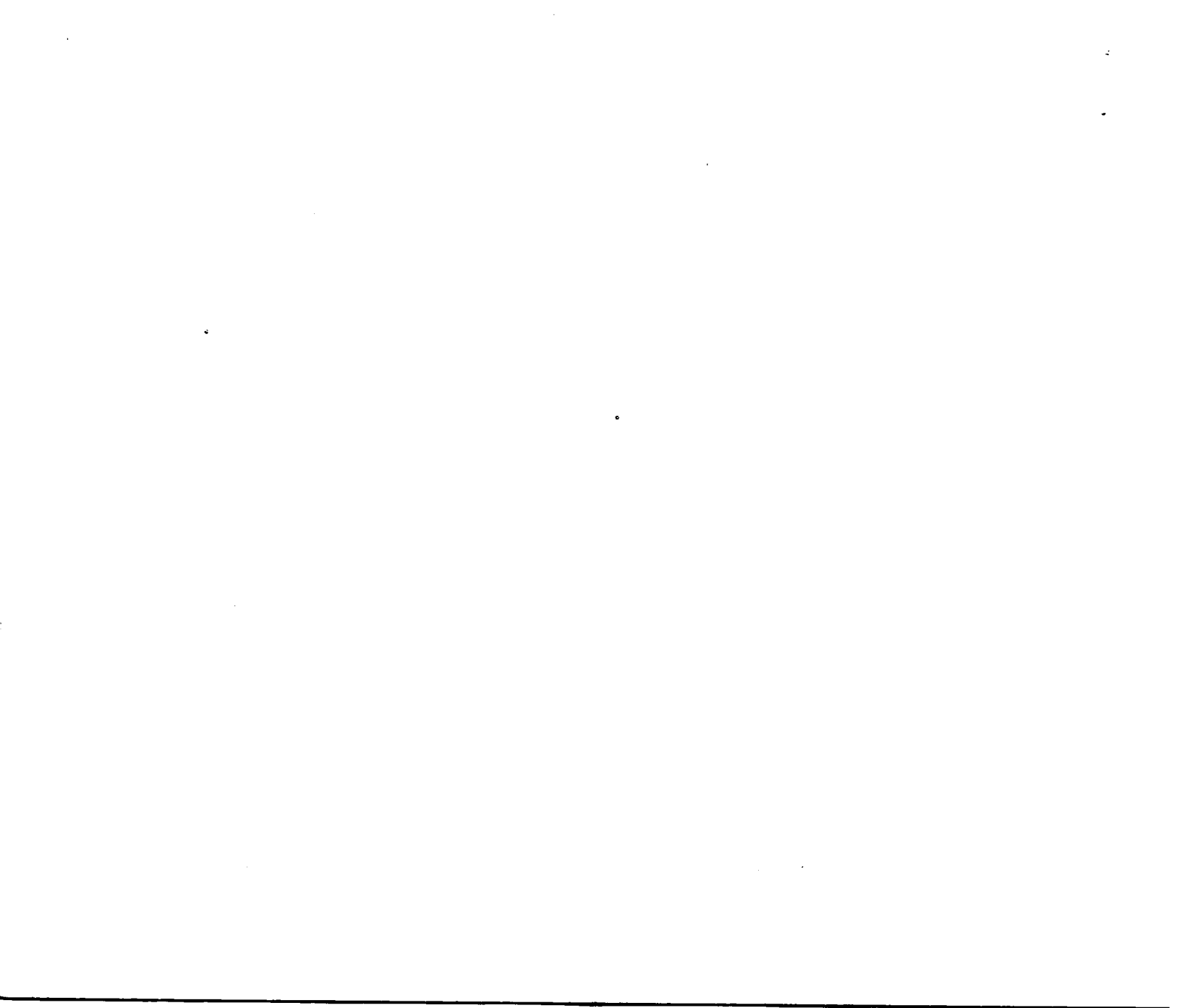
DATE REC'D BY LOCAL REG. <u>Nov 14-1958</u>	REGISTRAR'S SIGNATURE <u>Deena Bridges</u>	26. FUNERAL DIRECTOR <u>Betty J. Marvel</u>	ADDRESS <u>Arco, Idaho</u>
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Miss Bridges Anna 246 Maple

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 171
Local Reg. No. 58
Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY Cassia b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley c. FULL NAME OF HOSPITAL OR INSTITUTION Cottage Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Cassia c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley d. STREET ADDRESS (If rural, give location) 750 Oriental	
3. CHILD'S NAME (Type or Print) Santos Mancillas			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 12, 1958
7. FATHER'S NAME a. (First) Henry b. (Middle) Mancillas c. (Last) Mancillas		8. COLOR OR RACE Mexican	
9. AGE (At time of this birth) 43 YEARS	10. BIRTHPLACE (State or foreign country) San Benito Co., Texas	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Egnacia b. (Middle) Ruiz c. (Last) Ruiz		13. COLOR OR RACE Mexican	
14. AGE (At time of this birth) 36 YEARS	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <i>Henry Mancillas 750 Oriental</i>			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 12 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 2 July 58 Cord specimen 14 Nov-58	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Unknown - fetus expired 3-4 days before delivery.		
	20b. MATERNAL CAUSES Unknown		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Veal pneumonia early 2nd trimester</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Interruption of Frank breech + extraction - difficult.</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:55 p.m.	23a. ATTENDANT'S SIGNATURE <i>S. Sanchez, M.D.</i>		23b. DATE SIGNED 11-17-58
	23c. ATTENDANT'S ADDRESS Burley, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL David B. McPhee
25a. BURIAL, CREMATION, REMOVAL (Specify) burial	25b. DATE Nov. 17, 1958	25c. NAME OF CEMETERY OR CREMATORY Pleasant View Cemetery, Burley,	25d. LOCATION (City, town, or county) (State) Idaho
DATE REC'D BY LOCAL REG. 11-20-58	26. FUNERAL DIRECTOR David B. McPhee, Burley, Idaho		

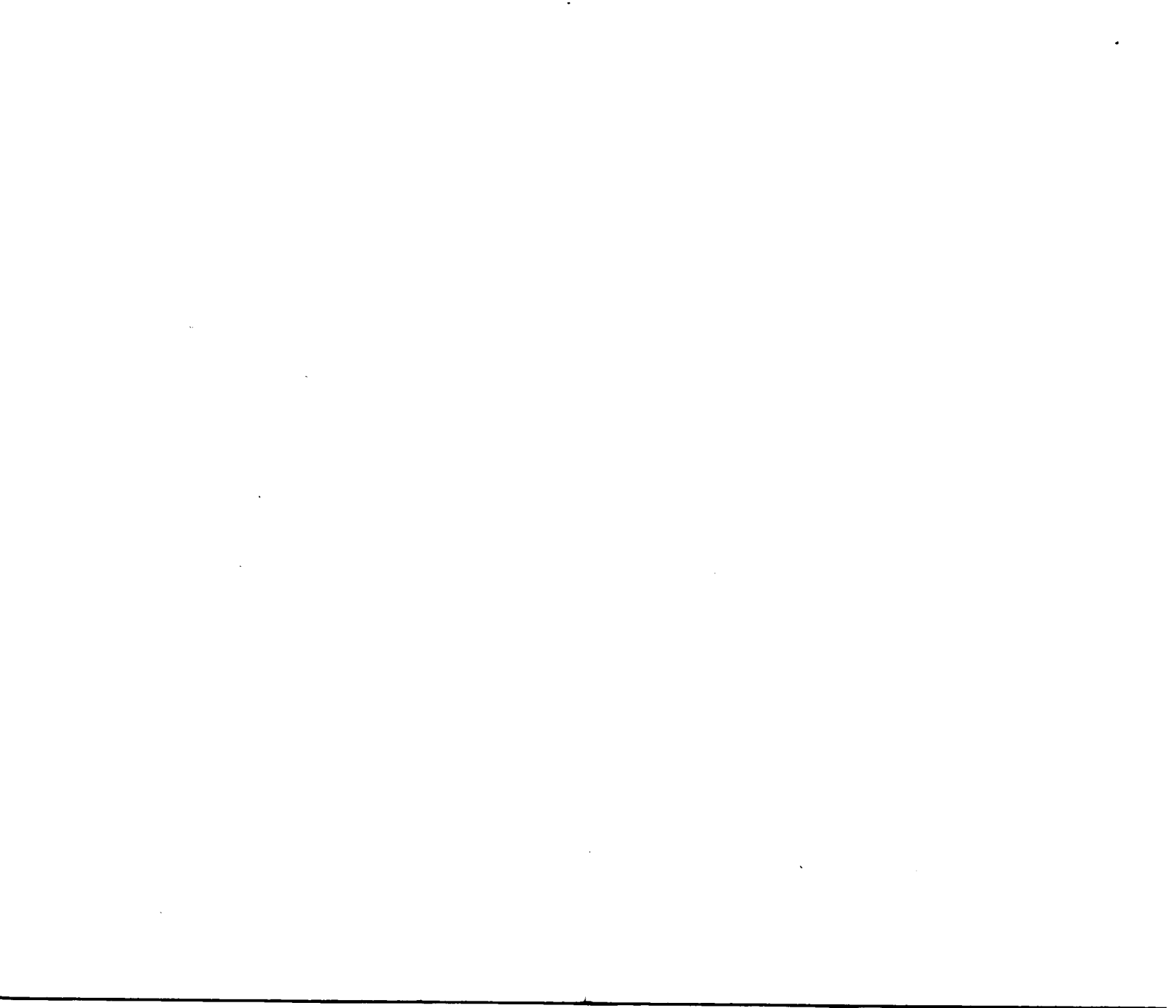


(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No. 593
Reg. Dist. No. 470

172

1. PLACE OF STILLBIRTH a. COUNTY Cassia b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cottage Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Minidoka c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert d. STREET ADDRESS (If rural, give location) 114 - 1st Street	
3. CHILD'S NAME (Type or Print) Franklin Lee Day			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 19, 1958
7. FATHER'S NAME a. (First) Lee b. (Middle) M c. (Last) Day		8. COLOR OR RACE White	
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) Antimony, Utah	11a. USUAL OCCUPATION Section repairman	11b. KIND OF BUSINESS OR INDUSTRY Railroad
12. MOTHER'S MAIDEN NAME a. (First) Phyllis b. (Middle) c. (Last) Barr		13. COLOR OR RACE White	
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Burley, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <u>Lee M. Day 114 1st Street, Rupert, Idaho</u>			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 12 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Premature separation of placenta</u>		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Hugh E. Dean M.D.</u>	23b. DATE SIGNED <u>11-30-58</u>
		23c. ATTENDANT'S ADDRESS <u>Burley, Idaho</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE <u>_____</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Nov. 22, 1958	25c. NAME OF CEMETERY OR CREMATORY Pleasant View Cemetery	25d. LOCATION (City, town, or county) (State) Burley, Idaho
DATE REC'D BY LOCAL REG. <u>Dec 1, 1958</u>	REGISTRAR'S SIGNATURE <u>Louis B. Harr</u>	26. FUNERAL DIRECTOR ADDRESS <u>_____</u> Burley, Idaho	

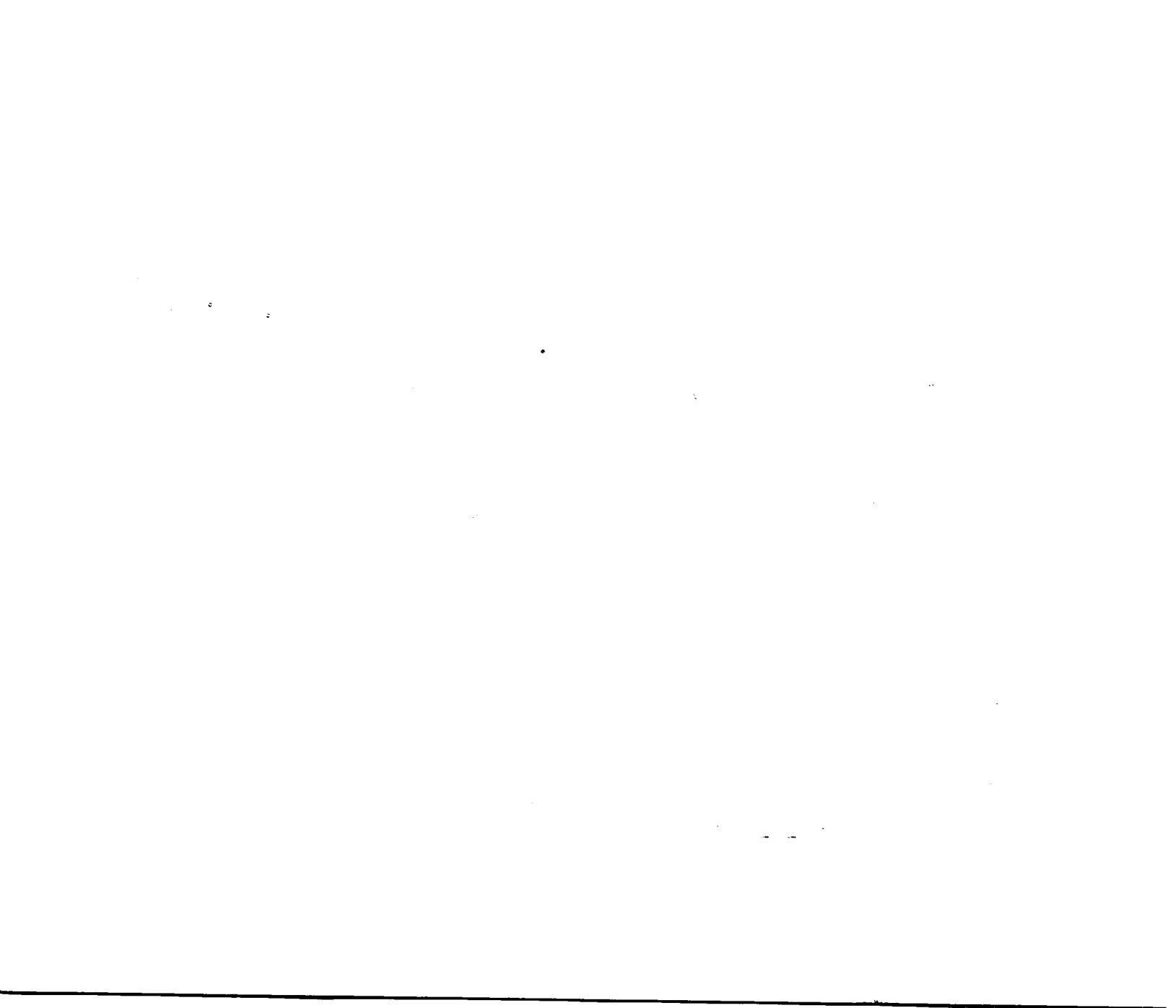


(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 173
Local Reg. No. 117
Reg. Dist. No. 2/0

RECEIVED

1. PLACE OF STILLBIRTH a. COUNTY <u>Clearwater</u> <u>NOV 12 1958</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Clearwater</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Orofino</u> <u>Bureau of Vital Statistics</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weippe</u>		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Clearwater Valley Hospital</u>			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) <u>KAREN ELAINE HUTCHINS</u>					
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov. 5, 1958</u>		
7. FATHER'S NAME a. (First) <u>Elwin</u> b. (Middle) <u>L.</u> c. (Last) <u>Hutchins</u>		8. COLOR OR RACE <u>W</u>			
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Orofino, Idaho</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Lumbering</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Rose</u> b. (Middle) <u>Lorraine</u> c. (Last) <u>Teed</u>		13. COLOR OR RACE <u>W</u>			
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>			
17. INFORMANT <u>X Elwin L. Hutchins Weippe</u>					
18a. LENGTH OF PREGNANCY <u>37</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u> </u> OZS. <u> </u>	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>April 1958</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Fetal asphyxia (livida) due to cerebral hemorrhage.</u>		20a. FETAL CAUSES <u> </u> 20b. MATERNAL CAUSES <u>Uterine hemorrhage due to partial separation of placenta. Prolonged labor (2nd stage) due to ROP position</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Prolonged 2nd stage. Uterine hemorrhage.</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>L.M.L. episiotomy</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2:20 p. m.</u>		23a. ATTENDANT'S SIGNATURE <u>McConnell, M.D.</u>		23b. DATE SIGNED <u>11-6-58</u>	
23c. ATTENDANT'S ADDRESS <u>Orofino, Idaho</u>		IF NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>R. E. Gilbert</u> TITLE <u> </u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>11-8-1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Weippe Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Weippe Idaho</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 7, 1908</u>		REGISTRAR'S SIGNATURE <u>Ruth Zeller</u>		26. FUNERAL DIRECTOR <u>R. E. Gilbert</u> ADDRESS <u>Orofino</u>	
Gilbert's Funeral Chapel					



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 174
Local Reg. No. 19
Reg. Dist. No. 240

1. PLACE OF STILLBIRTH a. COUNTY <u>Franklin</u> NOV 17 1958		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Preston</u> Bureau of Vital Statistics		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Preston Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Sparrow</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov.</u> <u>7</u> <u>1958</u>
7. FATHER'S NAME a. (First) <u>John</u> b. (Middle) <u>D</u> c. (Last) <u>Sparrow</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Weston, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Rhoda</u> b. (Middle) <u>Cahoon</u> c. (Last) <u>Cahoon</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>35</u> YEARS	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>John D. Sparrow</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity</u> 20b. MATERNAL CAUSES <u>Toxemia of pregnancy</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>Leo R. Hawkes M.D.</u>		23b. DATE SIGNED <u>11/9/58</u>
	23c. ATTENDANT'S ADDRESS <u>Preston Idaho</u>	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Webb</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Nov. 10, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Logan</u>	25d. LOCATION (City, town, or county) (State) <u>Logan Utah</u>
DATE REC'D BY LOCAL REG. <u>11-10-58</u>	REGISTRAR'S SIGNATURE <u>Eggen W. Brower</u>	26. FUNERAL DIRECTOR <u>Webb Funeral Home</u> ADDRESS <u>Preston, Idaho</u> <u>Sherrin Webb</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH

State File No. **175**
Local Reg. No. **32**
Reg. Dist. No. **34C-241**

RECEIVED State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Gem</u> b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Emmett</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary Secor Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gem</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u> d. STREET ADDRESS (If rural, give location) <u>111 McKinley</u>		
3. CHILD'S NAME (Type or Print) <u>Baby Vonderschmidt</u>					
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov. 22, 1958</u>	
7. FATHER'S NAME a. (First) <u>unknown</u> b. (Middle) c. (Last)			8. COLOR OR RACE		
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) <u>Elfriede</u> b. (Middle) c. (Last) <u>Popp</u>			13. COLOR OR RACE <u>white</u>		
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Nieder-Johnsdorf Czechoslovakia</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>X Elfriede Vonderschmidt</u>					
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No..... Approximate date <u>8/19/55</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>UNKNOWN</u>			
		20b. MATERNAL CAUSES <u>NONE</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>NONE</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>NORMAL SPONTANEOUS DELIVERY.</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:15 A.M.</u> m.			23a. ATTENDANT'S SIGNATURE <u>Herman E. Holverson M.D.</u> (Specify if M. D., midwife, or other)		23b. DATE SIGNED <u>11/28/58</u>
			23c. ATTENDANT'S ADDRESS <u>EMMETT, IDAHO</u>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Glenn W. Beatty</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>11-25-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Emmett</u>	25d. LOCATION (City, town, or county) (State) <u>Emmett, Idaho</u>		
DATE REC'D BY LOCAL REG. <u>Nov 28, 1958</u>	REGISTRAR'S SIGNATURE <u>Dean C. Scott</u>		26. FUNERAL DIRECTOR <u>The Beatty Chapel</u> ADDRESS <u>Emmett, Idaho</u>		

FEB 12 1959

RECEIVED
BUREAU OF VITAL STATISTICS
State of Idaho

State File No.
Local Reg. No. 2176
Reg. Dist. No. 5.00

1. PLACE OF STILLBIRTH a. COUNTY <u>Power</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Power</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>American Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>American Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>American Falls Hospital.</u>		d. STREET ADDRESS (If rural, give location) <u>411 Polk. St.</u>	
3. CHILD'S NAME (Type or Print) <u>Christopher Rock.</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov 16, 1958</u>
7. FATHER'S NAME a. (First) <u>H. Henry</u>	b. (Middle)	c. (Last) <u>Rock</u>	8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth) <u>38</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Montana.</u>	11a. USUAL OCCUPATION <u>Physician</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Medicine</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Lois</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Siroonian</u>	13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>California</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Henry Rock</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>9</u> LBS. <u>9</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>July 10 - 1958</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Breech Presentation; Prolonged labor; Placental separation</u>		
	20b. MATERNAL CAUSES <u>Pre-eclampsia; Fetal - Pelvic Disproportion</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Pre-eclampsia; Frank Breech Presentation</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Breech Extraction.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>8:30 P. m.</u>	23a. ATTENDANT'S SIGNATURE <u>H. Henry Rock, M.D.</u>		23b. DATE SIGNED <u>11-17-58</u>
	23c. ATTENDANT'S ADDRESS <u>American Falls, Idaho</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Bud Kelly</u>	
	25d. LOCATION (City, town, or county) (State) <u>American Falls Idaho</u>		
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	25b. DATE <u>11-19-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Fallsview Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>American Falls Idaho</u>
DATE REC'D BY LOCAL REG. <u>11/19/58</u>	REGISTRAR'S SIGNATURE <u>Glenn Newman</u>	26. FUNERAL DIRECTOR ADDRESS <u>Bud Kelly Am. Falls, Idaho</u>	

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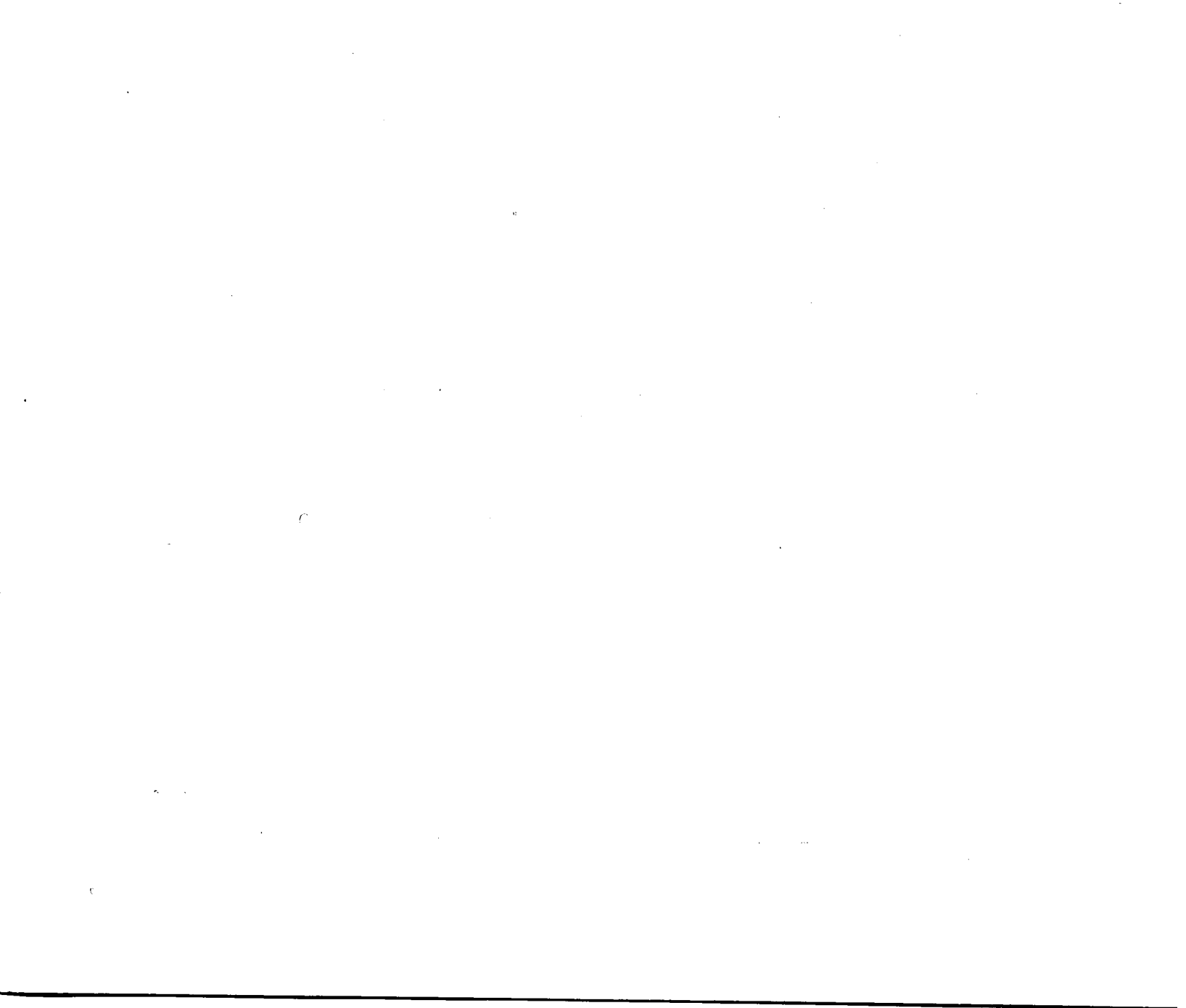
(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of IdahoState File No. 177
Local Reg. No. 95
Reg. Dist. No. 142

1. PLACE OF STILLBIRTH a. COUNTY Shoshone		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Shoshone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kellogg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pinehurst	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If rural, give location) Box 1007	
3. CHILD'S NAME (Type or Print) Baby Girl Carpenter			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) November 4, 1958
7. FATHER'S NAME a. (First) Ivan b. (Middle) c. (Last) Carpenter		8. COLOR OR RACE White	
9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) Hayden Lake, Idaho	11a. USUAL OCCUPATION Zinc Plant Worker	11b. KIND OF BUSINESS OR INDUSTRY Mining
12. MOTHER'S MAIDEN NAME a. (First) Laverne b. (Middle) Patricia c. (Last) Johnson		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Kellogg, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? none c. How many other children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Ivan Carpenter			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Stillborn	
		20b. MATERNAL CAUSES 12 H. degeneration	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Box 1007		22. STATE ALL OPERATIONS FOR DELIVERY 1800	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Laverne Johnson	23b. DATE SIGNED 11-5-58
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE 11/5/58	25c. NAME OF CEMETERY OR CREMATORY Greenwood	25d. LOCATION (City, town, or county) (State) Kellogg Idaho
DATE REC'D BY LOCAL REG. 11/14/58	REGISTRAR'S SIGNATURE Re. Durine	26. FUNERAL DIRECTOR Grant M. Glady Kellogg ADDRESS	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
RECEIVED State of Idaho

State File No.
Local Reg. No. **397178**
Reg. Dist. No. **460**

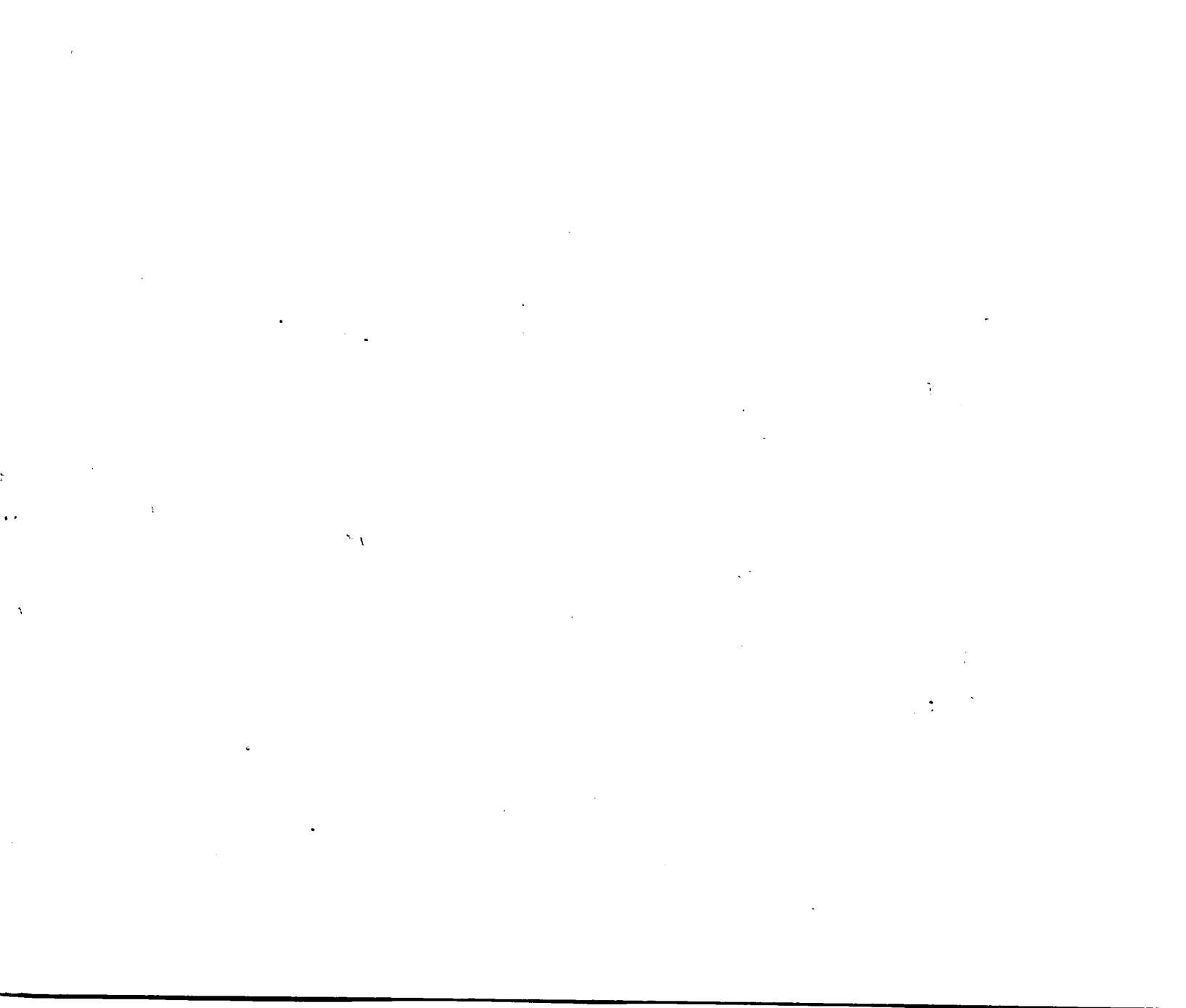
1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Twin Falls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Magic Valley Memorial Hosp.		d. STREET ADDRESS (If rural, give location) 126 Shoshone Street West	
3. CHILD'S NAME (Type or Print) Holly Lynn Smith			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) November 19 1958
7. FATHER'S NAME a. (First) Marvin b. (Middle) Thomas c. (Last) Smith		8. COLOR OR RACE White	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Twin Falls, Idaho	11a. USUAL OCCUPATION Cab Driver	11b. KIND OF BUSINESS OR INDUSTRY Transportation
12. MOTHER'S MAIDEN NAME Jeraldine		13. COLOR OR RACE White	
14. AGE (At time of this birth) 22 YEARS		15. BIRTHPLACE (State or foreign country) Logan, Utah	
17. INFORMANT M. D. Smith		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 15 OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Thrombosis Cord.		20a. FETAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Dead baby prior to Del		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other) Howard C. Luke	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL Willard Casper	TITLE Idaho
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 11-28-58	25c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery	25d. LOCATION (City, town, or county) (State) Twin Falls Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Nov. 21, 1958		26. FUNERAL DIRECTOR ADDRESS Willard Casper Twin Falls, Idaho	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **179**
Local Reg. No. **399**
Reg. Dist. No. **460**

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Magie Valley Memorial</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u> d. STREET ADDRESS (If rural, give location) <u>401 2nd St. No.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Seaver</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>11-21-58</u>
7. FATHER'S NAME a. (First) <u>Joseph</u> b. (Middle) <u>Edwin</u> c. (Last) <u>SEAVER</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>20</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>TWIN FALLS IDAHO</u>	11a. USUAL OCCUPATION <u>STUDENT</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>MARY</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>KEEGE</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>KANSAS</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mother</u>			
18a. LENGTH OF PREGNANCY <u>34</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>12 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Strangulated cord - around neck.</u> 20b. MATERNAL CAUSES <u>Trauma of Pregnancy.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Fetus dead in uterus</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Harold C. Lusk M.D.</u>		23b. DATE SIGNED <u>11-22-58</u>	
23c. ATTENDANT'S ADDRESS <u>Twin Falls, Ida.</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL (If NOT attended by physician)	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>11-23-58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Twin Falls Cem</u>	25d. LOCATION (City, town, or county) (State) <u>Twin Falls Idaho</u>
DATE REC'D BY LOCAL REG. <u>Dec 2, 1958</u>		26. FUNERAL DIRECTOR <u>White Mortuary</u> <u>Twin Falls, Idaho</u>	

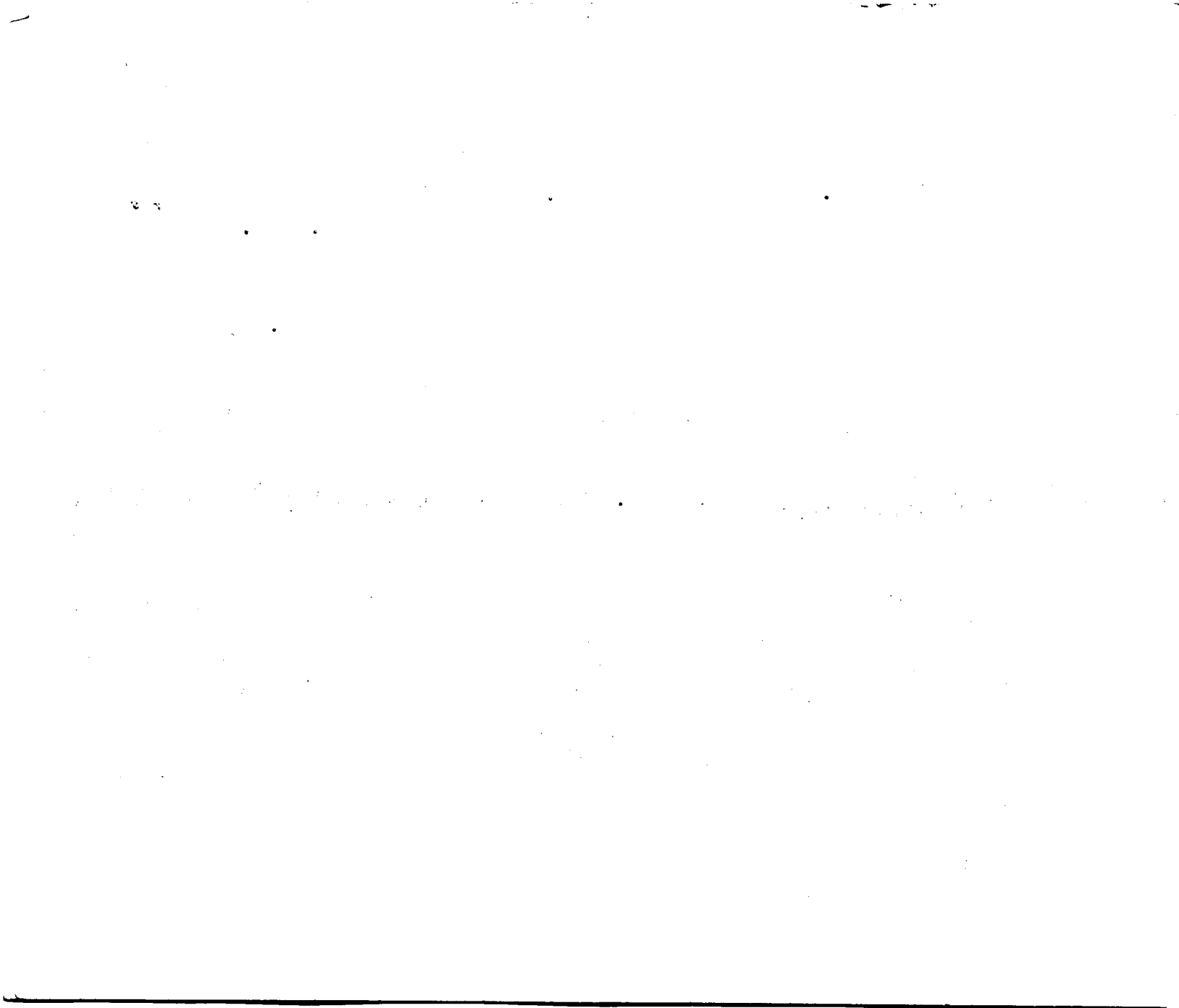


CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 180
Local Reg. No. 382
Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Cassia	
b. CITY OR TOWN 1 mile W. Hansen in car, Hiwy. 30		c. CITY OR TOWN Burley	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 421 W. 8th.	
3. CHILD'S NAME (Type or Print) OPAL ROSE COLLINS			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 10, 1958
7. FATHER'S NAME a. (First) Unknown b. (Middle) c. (Last)		8. COLOR OR RACE	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) XXXXXX Oklahoma XXXX	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Junita b. (Middle) c. (Last) Collins		13. COLOR OR RACE White	
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country) Venita, Okla.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 4 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Mrs. Helen Davies			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 7 1/2 mo Baby Borne in car on Hwy 5		20a. FETAL CAUSES 20b. MATERNAL CAUSES Baby was dead when I arrived at home	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Dr. D. D. D. D. (Specify if M. D., midwife, or other)	
23b. DATE SIGNED Nov. 12, 1958		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
11-10-58	Burial	Twin Falls Cen	Twin Falls, Idaho
DATE REC'D BY LOCAL REG Nov. 13, 1958	REGISTRAR'S SIGNATURE Lenna Loman	26. FUNERAL DIRECTOR White Mortuary Twin Falls, Idaho	

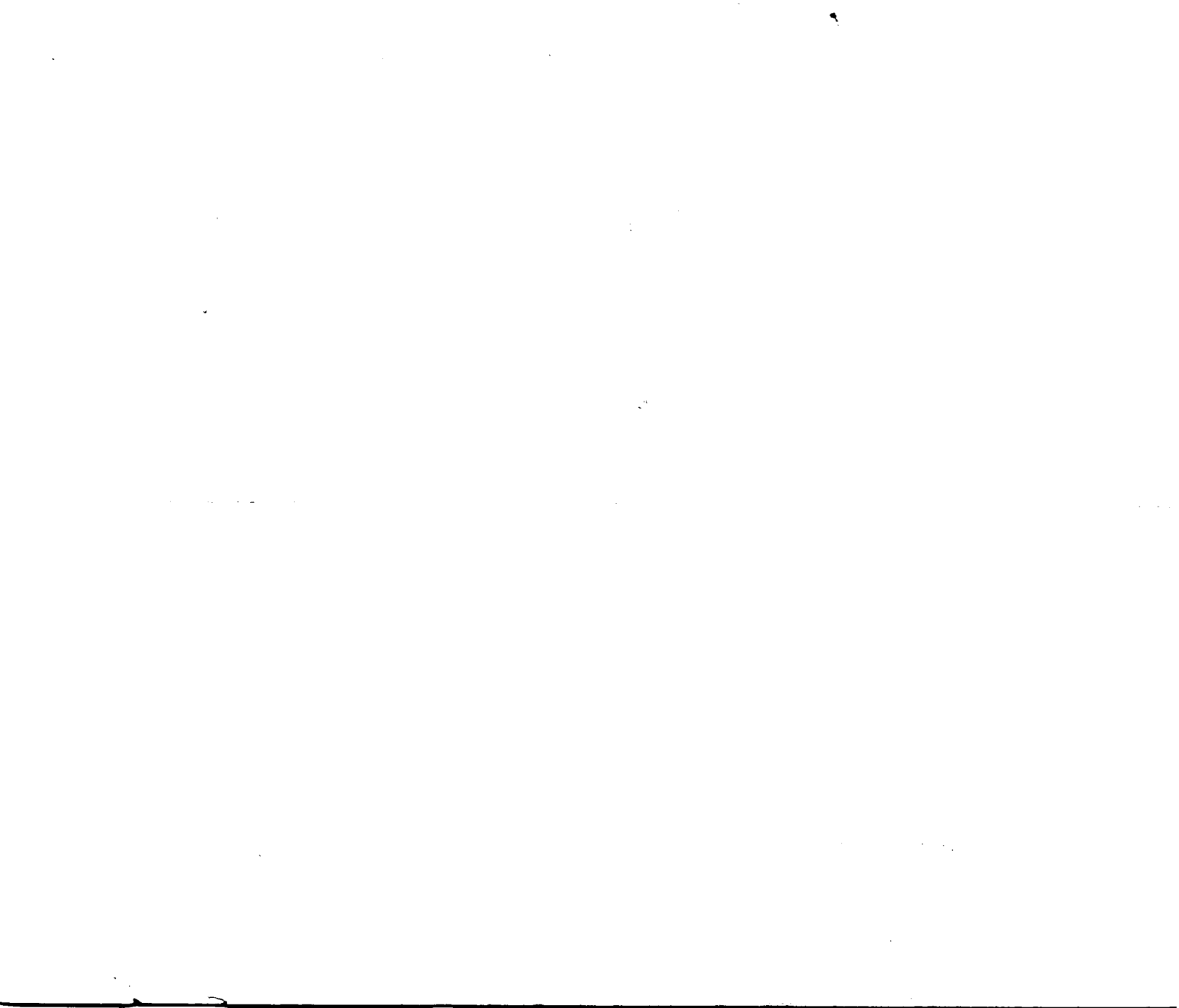


(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH

State File No. 181
Local Reg. No. 415
Reg. Dist. No. 370

RECEIVED State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Ada DEC 24 1958		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR Boise TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR Boise TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR St. Alphonsus Hospital INSTITUTION		d. STREET (If rural, give location) ADDRESS 2121 Harrison Blvd.	
3. CHILD'S NAME (Type or Print) INFANT GIRL CORBE			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF (Month) (Day) (Year) STILLBIRTH Nov. 28 1958
7. FATHER'S NAME a. (First) Charles b. (Middle) Kenneth c. (Last) Corbe		8. COLOR OR RACE White	
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) Boston, Mass.	11a. USUAL OCCUPATION Public Relations	11b. KIND OF BUSINESS OR INDUSTRY Insurance
12. MOTHER'S MAIDEN NAME a. (First) Margaret b. (Middle) Elaine c. (Last) League		13. COLOR OR RACE White	
14. AGE (At time of this birth) 38 YEARS	15. BIRTHPLACE (State or foreign country) Caldwell, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Charles X Corbe			
18a. LENGTH OF PREGNANCY 25 WEEKS	18b. WEIGHT AT BIRTH 6.50 LBS. 075 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Prematurity 20b. MATERNAL CAUSES Partial premature sep. placenta		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Gene Reynolds		23b. DATE SIGNED 12-4-58
	23c. ATTENDANT'S ADDRESS Boise Idaho	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Russell C. Kelly TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 12/9/58	25c. NAME OF CEMETERY OR CREMATORY Morris Hill	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 12-9-58	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR RELYA MORFAR ADDRESS Boise, Idaho	



RECEIVED

PHS-797 (VS)

4-48

FEDERAL BUREAU OF INVESTIGATION
PUBLIC HEALTH SERVICE

JAN 16 1959

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 430

Reg. Dist. No. 370

182

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY OR TOWN Boise		c. CITY OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION 312 Brookdale Drive		d. STREET ADDRESS (If rural, give location) 312 Brookdale Drive	
3. CHILD'S NAME (Type or Print) Patrice Marie Baker			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 3, 1958
7. FATHER'S NAME a. (First) Robert		b. (Middle) Martin	
		c. (Last) Baker	
8. COLOR OR RACE White			
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Jerome, Arizona	11a. USUAL OCCUPATION Salesman	11b. KIND OF BUSINESS OR INDUSTRY Business Machines
12. MOTHER'S MAIDEN NAME a. (First) Jeanine		b. (Middle) Carolyn	
		c. (Last) Gravlin	
13. COLOR OR RACE White			
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Detroit, Michigan	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One	
17. INFORMANT Robert M. Baker 312 Brookdale Boise, Ida.		b. How many children were born alive but are now dead? None	
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Placental insufficiency	
		20b. MATERNAL CAUSES None apparent	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None apparent except preterm birth.		22. STATE ALL OPERATIONS FOR DELIVERY Spontaneous delivery	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) James C. Chapman, M.D.	
23b. DATE SIGNED Dec 12, 1958		23c. ATTENDANT'S ADDRESS 310 S. 4th St. Boise	
		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 12/4/58	
25c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery		25d. LOCATION (City, town, or county) (State) Boise, Idaho	
DATE REC'D BY LOCAL REG. 12-29-58		REGISTRAR'S SIGNATURE Myrtle Palmer	
		26. FUNERAL DIRECTOR McBratney-Maden Chapel	
		ADDRESS Boise, Idaho	

J. S. Chapman

PHS-797 (VS)
4-48
FEDERAL BUREAU OF INVESTIGATION
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No. 42183
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		b. COUNTY <u>Ada</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Alphonsus</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
d. STREET ADDRESS <u>Rt. 2 Box 475</u>		(If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>John Edward Diederich</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Dec. 5 1958</u>
7. FATHER'S NAME a. (First) <u>Harold</u> b. (Middle) <u>L.</u> c. (Last) <u>Diederich</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>48</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Norton Kansas</u>	11a. USUAL OCCUPATION <u>Lineman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Idaho Power Co.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Louise</u> b. (Middle) <u>Maxine</u> c. (Last) <u>Edwards</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Broken Bow Neb.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Harold L. Diederich</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Erythroblastosis Fetalis</u> 20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>No labor. Cesarean Section Elect.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean Section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>James C. Chapman M.D.</u>	
23b. DATE SIGNED <u>Dec 12, 1958</u>		23c. ATTENDANT'S ADDRESS <u>310 Idaho St. Boise</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Harold L. Diederich</u>		TITLE <u>Gibson Funeral Home</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Dec. 9 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. John's</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>12-22-58</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>Harold L. Diederich</u> <u>Gibson Funeral Home</u> <u>Boise</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
RECEIVED State of Idaho

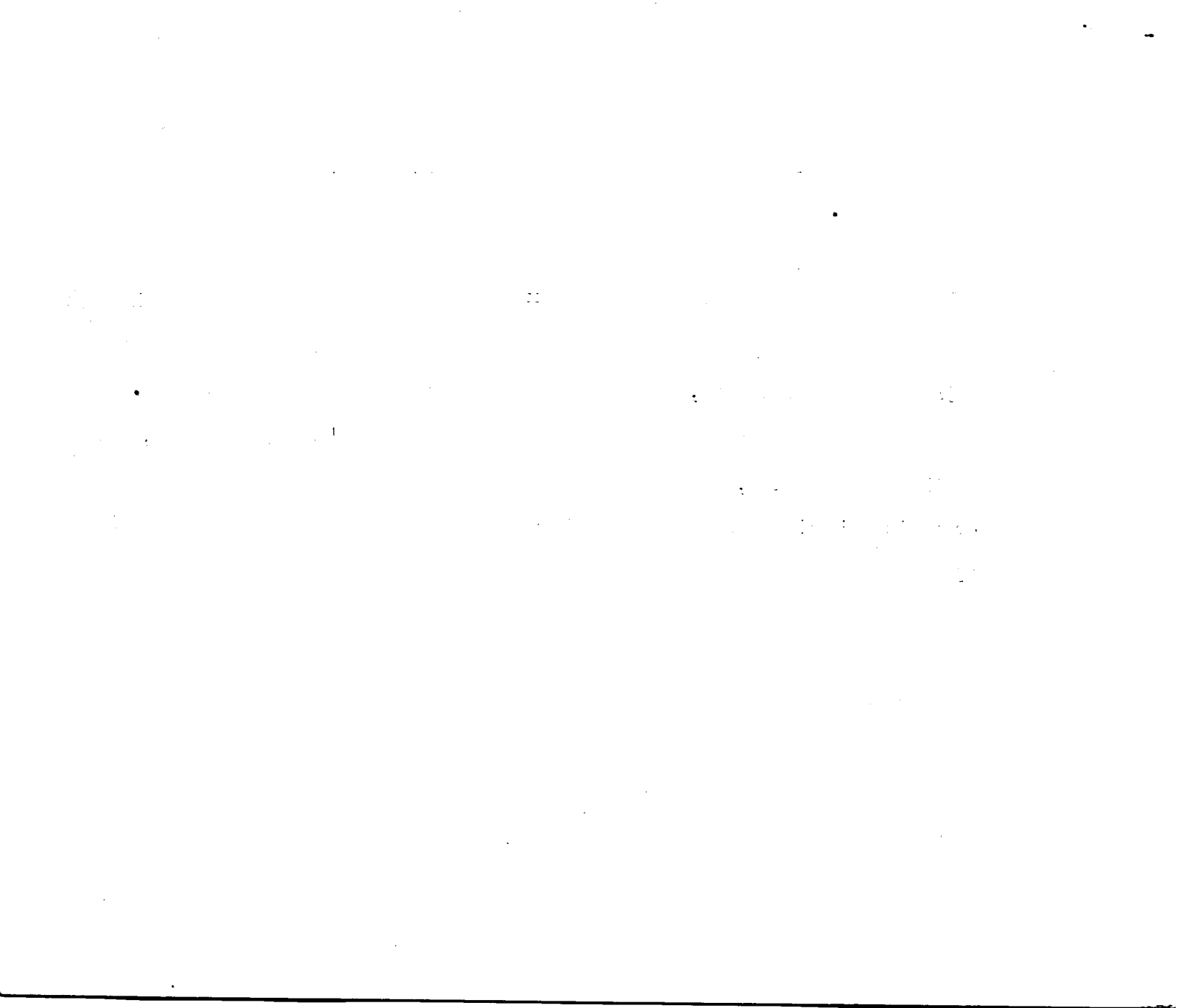
State File No. 184
Local Reg. No. 44
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR Pocatello TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR Pocatello TOWN	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 315 North Fourth Avenue	
3. CHILD'S NAME (Type or Print) RANDY FAILS			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 9 1958
7. FATHER'S NAME a. (First) Robert b. (Middle) L. c. (Last) Fails			8. COLOR OR RACE Colored
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Douglas, Arizona	11a. USUAL OCCUPATION U. S. Army	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) June b. (Middle) Ann c. (Last) Tademy			13. COLOR OR RACE Colored
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Pocatello, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Hospital Records			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 14 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
		20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <i>[Signature]</i>		23b. DATE SIGNED Dec. 16, 1958
	23c. ATTENDANT'S ADDRESS Pocatello, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>[Signature]</i> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Feb. 11, 1958	25c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. DEC 29 1958	REGISTRAR'S SIGNATURE <i>[Signature]</i>		26. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS Pocatello, Idaho



CERTIFICATE OF STILLBIRTH
RECEIVED State of Idaho

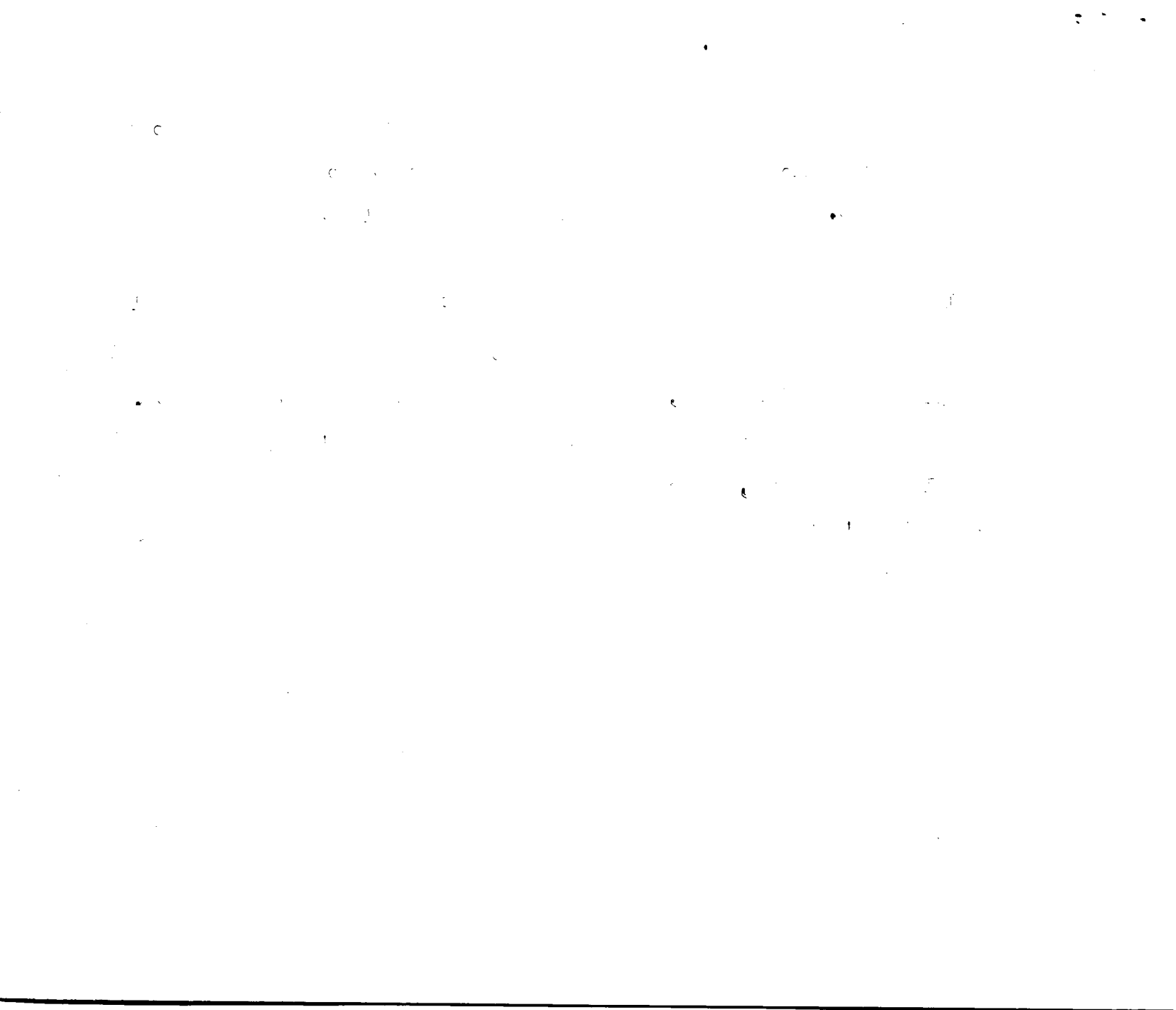
1. PLACE OF STILLBIRTH a. COUNTY Bannock JAN 15 1959		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello Bureau of Vital Statistics		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 143 Jefferson	
3. CHILD'S NAME (Type or Print)			
4. SEX Male	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 16 58
7. FATHER'S NAME a. (First) Ray b. (Middle) August c. (Last) Hofer		8. COLOR OR RACE White	
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Blackfoot, Idaho	11a. USUAL OCCUPATION Route Man	11b. KIND OF BUSINESS OR INDUSTRY Jewel Tea Co.
12. MOTHER'S MAIDEN NAME a. (First) Ada b. (Middle) Josephine c. (Last) O' Malley		13. COLOR OR RACE White	
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Howe, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 8 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Josephine O' Malley Hofer Mother			
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Non-viable fetus of 5 mo gestation</i> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Premature rupture of Bowls labor</i>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>H.D.</i> 23b. DATE SIGNED <i>14 Nov 1958</i>	
23c. ATTENDANT'S ADDRESS <i>Pocatello, Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>William J. Munn</i> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 8-18-58	25c. NAME OF CEMETERY OR CREMATORY Restlawn Mem. Gardens	25d. LOCATION (City, town, or county) (State) Pocatello Bannock Idaho
DATE REC'D BY LOCAL REG. JAN 12 1959	REGISTRAR'S SIGNATURE <i>David Albright</i>	26. FUNERAL DIRECTOR <i>William J. Munn</i> ADDRESS 510 No. 12th Pocatello, Idaho	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
RECEIVED State of Idaho

State File No. **46-186**
Local Reg. No. **670**
Reg. Dist. No. **670**

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Bannock	JAN 15 1959	a. STATE Idaho	b. COUNTY Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello Bureau of Vital Statistics		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 143 Jefferson	
3. CHILD'S NAME (Type or Print)			
4. SEX Male	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 16 58
7. FATHER'S NAME a. (First) Ray		b. (Middle) August	c. (Last) Hofer
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Blackfoot, Idaho	11a. USUAL OCCUPATION Route Man	11b. KIND OF BUSINESS OR INDUSTRY Jewel Tea Co.
12. MOTHER'S MAIDEN NAME a. (First) Ada		b. (Middle) Josephine	c. (Last) O'Maley
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Howe, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 8 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Josephine O'Maley Hofer Mother			
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Non-viable fetus of 5 months gestation	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature Rupture of BOW - labor		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M.D.	
		23b. DATE SIGNED 14 Nov 1958	
23c. ATTENDANT'S ADDRESS Pocatello Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Therese Manning	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 8-18-58	25c. NAME OF CEMETERY OR CREMATORY Restlawn Mem. Gardens Pocatello
25d. LOCATION (City, town, or county) (State) Bannock Idaho		26. FUNERAL DIRECTOR 510 No 12th Pocatello, Ida.	
DATE REC'D BY LOCAL REG. JAN 12 1959		REGISTRAR'S SIGNATURE Doris Albright	

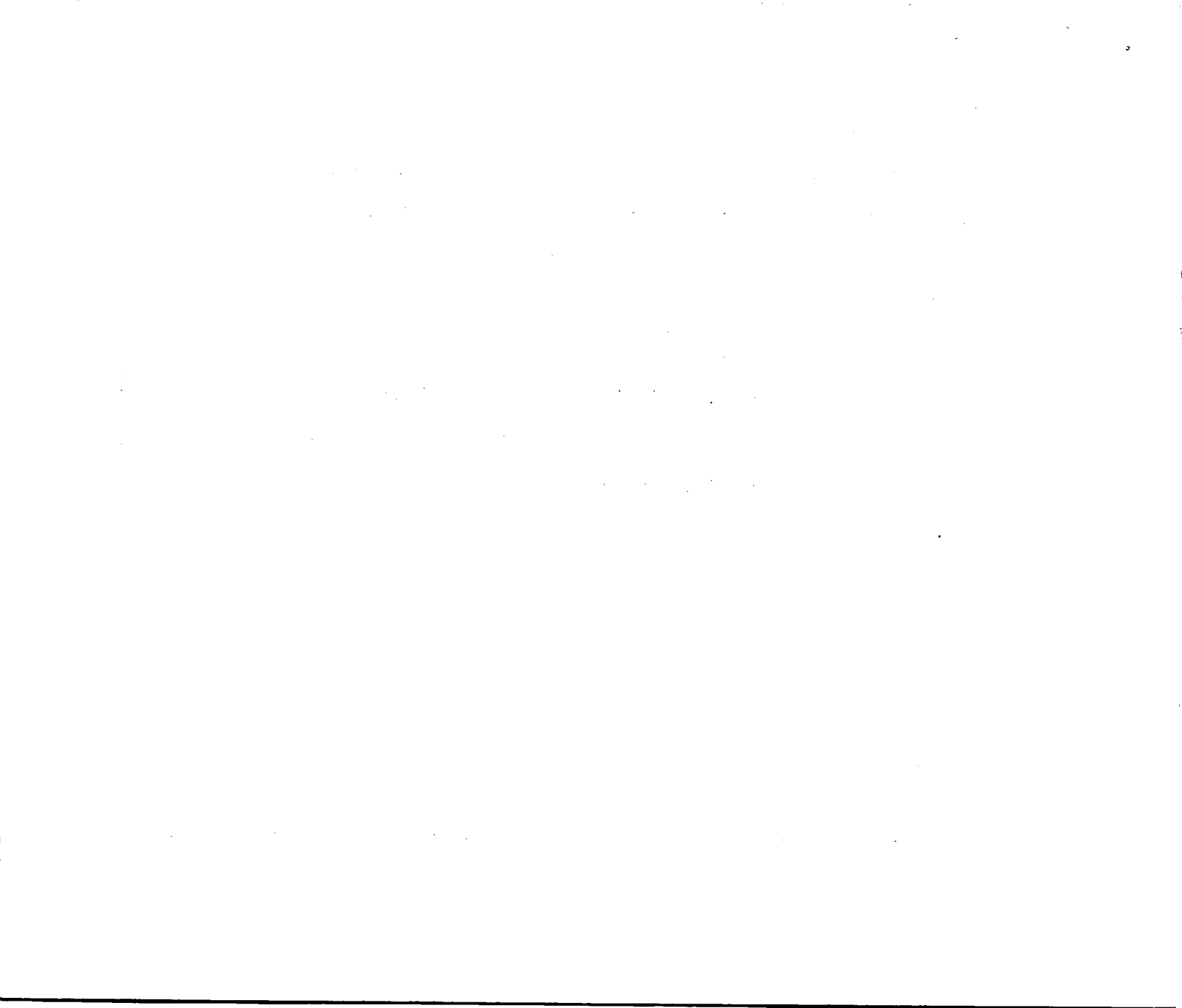


RECEIVED STATE OF IDAHO

State File No. 187
Local Reg. No. 22
Reg. Dist. No. 21

JAN 15 1959

1. PLACE OF STILLBIRTH a. COUNTY Bannock b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bannock Memorial Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello d. STREET ADDRESS (If rural, give location) 432 South 11th	
3. CHILD'S NAME (Type or Print) Baby Girl Ester			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 11, 1958
7. FATHER'S NAME a. (First) Leland b. (Middle) Dore c. (Last) Ester		8. COLOR OR RACE White	
9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) Chicago, Illinois	11a. USUAL OCCUPATION City Editor	11b. KIND OF BUSINESS OR INDUSTRY Idaho State Journal
12. MOTHER'S MAIDEN NAME a. (First) Leota b. (Middle) Maxine c. (Last) Buss		13. COLOR OR RACE White	
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Concordia, Kansas	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mrs. Leota Ester (Mother)			
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Cord compression from short Cord about the neck 20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) R. P. Thayer, M.D. 23b. DATE SIGNED 12-22-58	
23c. ATTENDANT'S ADDRESS Beauregard, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Paul R. Hoff, Admin TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE December 11	25c. NAME OF CEMETERY OR CREMATORY Bannock Memorial Hospital	25d. LOCATION (City, town, or county) (State) Pocatello, Idaho
DATE REC'D BY LOCAL REG. JAN 13 1959	REGISTRAR'S SIGNATURE Lixie Albright	26. FUNERAL DIRECTOR Paul R. Hoff, Admin ADDRESS	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF STILLBIRTH a. COUNTY Bannock b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital				2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello d. STREET ADDRESS (If rural, give location) 3607 Pole Line Road			
3. CHILD'S NAME (Type or Print) Ulaie Ellis							
4. SEX Female		5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>			
				6. DATE OF STILLBIRTH (Month) (Day) (Year) Dec 28, 1958			
7. FATHER'S NAME a. (First) Wayne b. (Middle) L c. (Last) Ellis			8. COLOR OR RACE				
9. AGE (At time of this birth) YEARS		10. BIRTHPLACE (State or foreign country) Lewisville, Idaho		11a. USUAL OCCUPATION			
				11b. KIND OF BUSINESS OR INDUSTRY			
12. MOTHER'S MAIDEN NAME a. (First) Verla b. (Middle) June c. (Last) Walker			13. COLOR OR RACE				
14. AGE (At time of this birth) YEARS		15. BIRTHPLACE (State or foreign country) Inkom, Idaho		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
17. INFORMANT							
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Anencephaly					
		20b. MATERNAL CAUSES					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY				
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Calvin Buhler, M.D.		23b. DATE SIGNED 1-6-59			
		23c. ATTENDANT'S ADDRESS Pocatello, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE			
		If NOT attended by physician					
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 12-31-58		25c. NAME OF CEMETERY OR CREMATORY Mountainview			
				25d. LOCATION (City, town, or county) (State) Pocatello, Idaho			
DATE REC'D BY LOCAL REG. 1-13-59		REGISTRAR'S SIGNATURE Dixie Albright		26. FUNERAL DIRECTOR ADDRESS Allen J. Manning Pocatello, Idaho			

RECEIVED

Certificate of Death

State File No. _____

Local Reg. No. 896Reg. Dist. No. 510BIRTH NO. JAN 15 1959

STATE OF IDAHO

1. PLACE OF DEATH a. COUNTY <u>Bannock</u> bureau of Vital Statistics				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3607 Pole Line Road</u>			
3. NAME OF DECEASED (Type or Print) <u>U L A L E</u>		a. (First)		b. (Middle)		c. (Last) <u>ELLIS</u>	
4. DATE OF DEATH <u>Dec. 28, 1958</u>		(Month)		(Day)		(Year)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Dec. 28, 1958</u>	
9. AGE (In years last birthday)		10. UNDER 1 YEAR Months		11. UNDER 24 HRS. Hours		12. MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <u>Pocatello, Idaho</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Wayne L. Ellis</u>				BIRTHPLACE <u>Lewisville, Idaho</u>			
14. MOTHER'S MAIDEN NAME <u>Verla June Walker</u>				BIRTHPLACE <u>Inkom, Idaho</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. _____			
17. INFORMANT'S OWN SIGNATURE <u>Wayne L. Ellis</u>				ADDRESS <u>Pocatello, Ida.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anencephaly (Stillborn)</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William R. Pinkerton, M.D.</u>				23b. ADDRESS <u>Pocatello</u>		23c. DATE SIGNED <u>1-6-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-31-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mountainview</u>		24d. LOCATION (City, town, or county) (State) <u>Pocatello Bannock Idaho</u>	
DATE REC'D BY LOCAL REG. <u>JAN 13 1959</u>		REGISTRAR'S SIGNATURE <u>Doris Albright</u>		25. FUNERAL DIRECTOR <u>William R. Pinkerton</u>		ADDRESS <u>510 No. 12th Pocatello, Idaho</u>	

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK INK under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

- (a) knowingly supply false information to any one connected with completing a death certificate;
- (b) neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
- (c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
- (d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDaho CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of *Allen Manning* Lic. No. *E-416* of *Locust, Id.* on *Dec 28, 1958*
ADDITIONAL REMARKS by Physician.....

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **25-189**
Local Reg. No. **610**
Reg. Dist. No. **610**

1. PLACE OF STILLBIRTH a. COUNTY Bonneville b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls c. FULL NAME OF HOSPITAL OR INSTITUTION L. D. S. Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls d. STREET ADDRESS (If rural, give location) 449 E. 16th Street	
3. CHILD'S NAME (Type or Print) SHAYLE MORTENSEN			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) November 29 1958
7. FATHER'S NAME a. (First) Boyd b. (Middle) Wendell c. (Last) Mortensen		8. COLOR OR RACE White	
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Salem, Idaho	11a. USUAL OCCUPATION Health Physicist	11b. KIND OF BUSINESS OR INDUSTRY U. S. Atomic Energy C.
12. MOTHER'S MAIDEN NAME a. (First) Verla b. (Middle) Rae c. (Last) Hill		13. COLOR OR RACE White	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Malad, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Two b. How many children were born alive but are now dead? One c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? One	
17. INFORMANT <i>Boyd W. Mortensen</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Engel's blastosis fetalis</i> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>J. D. D. M. D.</i> (Specify if M. D., midwife, or other)	
		23b. DATE SIGNED 12-5-58	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Orlando E. Duck</i>	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE Dec 3-1958	25c. NAME OF CEMETERY OR CREMATORY Rexburg Cemetery	25d. LOCATION (City, town, or county) (State) Rexburg, Madison County, Idaho
DATE REC'D BY LOCAL REG. Dec 3-1958	REGISTRAR'S SIGNATURE <i>Deena Budge</i>	26. FUNERAL DIRECTOR <i>Orlando E. Duck</i>	ADDRESS Idaho Falls, Idaho

1860

Mr. H. H. H.

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 27-190
Local Reg. No. 27-190
Reg. Dist. No. 6.10

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>LDS Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1450 Idaho</u>	
3. CHILD'S NAME (Type or Print) <u>Still Born Baby Girl Hinckley</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>December 8, 1958</u>
7. FATHER'S NAME a. (First) <u>Darrell</u> b. (Middle) <u>Glen</u> c. (Last) <u>Hinckley</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Oregon</u>	11a. USUAL OCCUPATION <u>Engineer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Chemical</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Leila</u> b. (Middle) <u>Joy</u> c. (Last) <u>Myler</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Darrell Glen Hinckley</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20a. FETAL CAUSES <u>Unknown</u> 20b. MATERNAL CAUSES <u>Unknown</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M., D., midwife, or other) <u>Ernest S. Balls, M.D.</u> 23c. ATTENDANT'S ADDRESS <u>Idaho Falls, Ida.</u>	23b. DATE SIGNED <u>12/17/58</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Jack A. Wood, Jr.</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>12/9/58</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Lewisville Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Lewisville Idaho</u>
DATE REC'D BY LOCAL REC. <u>Dec. 19-1958</u>	REGISTRAR'S SIGNATURE <u>Anna Suedger</u>	26. FUNERAL DIRECTOR <u>Jack A. Wood, Jr.</u> ADDRESS <u>Idaho Falls, Idaho</u>	

Bills

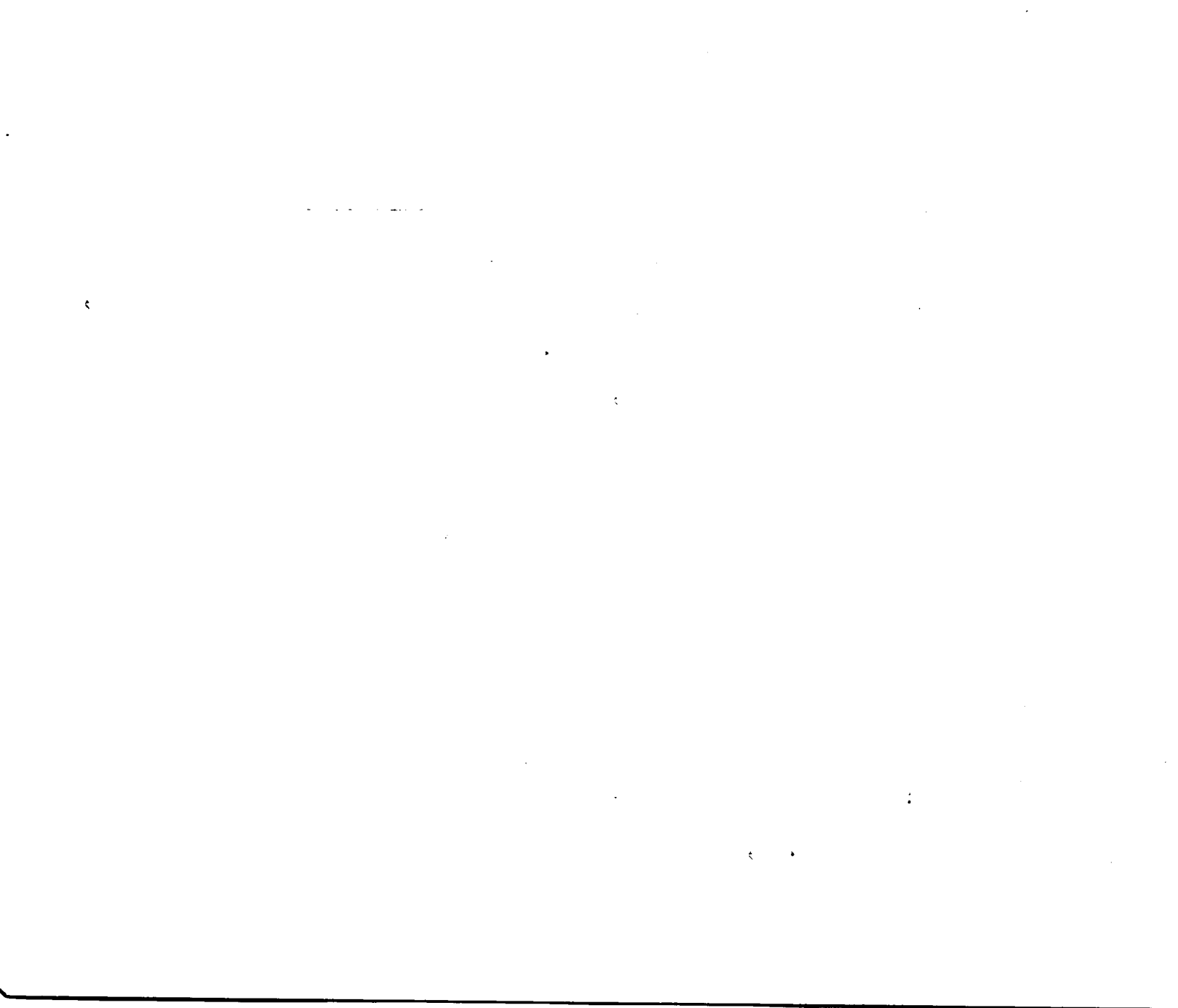
(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
RECEIVED *Idaho*

State File No. *272191*
Local Reg. No. *272191*
Reg. Dist. No. *670*

1. PLACE OF STILLBIRTH a. COUNTY <i>Donnerville</i>		JAN 6 1959		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i>		b. COUNTY <i>Bannock</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Idaho Falls</i>		Bureau of Vital Statistics		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Pocatello</i>			
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>L.D.S. Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>540-50-412</i>			
3. CHILD'S NAME (Type or Print) <i>Baby Johnson</i>							
4. SEX <i>Female</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>Dec 17 1958</i>		
7. FATHER'S NAME a. (First) <i>Stanley D.</i>		b. (Middle) <i>Johnson</i>		c. (Last)		8. COLOR OR RACE <i>White</i>	
9. AGE (At time of this birth) <i>27</i> YEARS		10. BIRTHPLACE (State or foreign country) <i>Oakland-Cal.</i>		11a. USUAL OCCUPATION <i>Sales Rep</i>		11b. KIND OF BUSINESS OR INDUSTRY <i>Blue Cross Ins.</i>	
12. MOTHER'S MAIDEN NAME a. (First) <i>Peggy</i>		b. (Middle) <i>M.</i>		c. (Last) <i>Appood</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (At time of this birth) <i>22</i> YEARS		15. BIRTHPLACE (State or foreign country) <i>Malad-Idaho</i>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>None</i> b. How many children were born alive but are now dead? <i>None</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>None</i>			
17. INFORMANT <i>Stanley D. Johnson</i>							
18a. LENGTH OF PREGNANCY <i>29</i> WEEKS		18b. WEIGHT AT BIRTH <i>3 1/2</i> LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>a year ago</i>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>none</i>					
		20b. MATERNAL CAUSES <i>Premature Separation of Placenta</i>					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Premature Labor</i>				22. STATE ALL OPERATIONS FOR DELIVERY <i>Delivered</i>			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>E. J. Toddard</i>		(Specify if M.D., midwife, or other)		23b. DATE SIGNED <i>23 Dec 1958</i>	
		23c. ATTENDANT'S ADDRESS <i>Idaho Falls, Idaho</i>		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Joe A. Williams</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		25b. DATE <i>Dec 18 1958</i>		25c. NAME OF CEMETERY OR CREMATORY <i>Pocatello</i>		25d. LOCATION (City, town, or county) (State) <i>Idaho</i>	
DATE REC'D BY, LOCAL REG. <i>Dec 18-58</i>		REGISTRAR'S SIGNATURE <i>Anna Bridges</i>		26. FUNERAL DIRECTOR <i>Joe A. Williams</i>		ADDRESS <i>Idaho Falls</i>	

CERTIFICATE OF STILLBIRTH
RECEIVED State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Boundary</u> JAN 9 1959		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Boundary</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonnors Ferry</u> Bureau of Vital Statistics		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonnors Ferry</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>-----</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Girl NEUMAYER</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>December 29, 1958</u>
7. FATHER'S NAME a. (First) <u>Eugene</u> b. (Middle) <u>E.</u> c. (Last) <u>Neumayer</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Bonnors Ferry, Idaho</u>	11a. USUAL OCCUPATION <u>Asbestos Worker</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Norma</u> b. (Middle) <u>Jane</u> c. (Last) <u>Tudor</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Spokane, Washington</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Two (2)</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Eugene E Neumayer</u>			
18a. LENGTH OF PREGNANCY <u>25</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u> </u> OZS. <u> </u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Oct 1958</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Chrom basis of umbilical cord.</u> 20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:00p m.</u>		23a. ATTENDANT'S SIGNATURE <u>M. D.</u> (Specify if M. D., midwife, or other)	23b. DATE SIGNED <u>1-5-59</u>
23c. ATTENDANT'S ADDRESS <u>Bonnors Ferry, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Don C. Zachary</u> TITLE <u> </u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Dec. 31, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Grandview Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Bonnors Ferry, Idaho</u>
DATE REC'D BY LOCAL REG. <u>1/6/59</u>	REGISTRAR'S SIGNATURE <u>Woyla Stone</u>	26. FUNERAL DIRECTOR <u>Don C. Zachary</u> ADDRESS <u>Bonnors Ferry Hillcrest Memorial Chapel</u>	



CERTIFICATE OF STILLBIRTH

State File No. 193
Local Reg. No. 873
Reg. Dist. No. 860

RECEIVED State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY CANYON		DEC 23 1958		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO		b. COUNTY CANYON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALDWELL		Bureau of Vital Statistics		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALDWELL			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION CALDWELL MEMORIAL HOSPITAL				d. STREET ADDRESS (If rural, give location) 923 DENVER, APT. # 2			
3. CHILD'S NAME (Type or Print) PAMELA LEE HAYS							
4. SEX FEMALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) DECEMBER 10, 1958		
7. FATHER'S NAME a. (First) MARSHALL		b. (Middle) ALBERT		c. (Last) HAYS		8. COLOR OR RACE WHITE	
9. AGE (At time of this birth) 40 YEARS		10. BIRTHPLACE (State or foreign country) MINNESOTA		11a. USUAL OCCUPATION CABINET MAKER		11b. KIND OF BUSINESS OR INDUSTRY FLEETWOOD TRAILER, NAMPA	
12. MOTHER'S MAIDEN NAME a. (First) BETTY		b. (Middle) LORRAINE		c. (Last) GRIMES		13. COLOR OR RACE WHITE	
14. AGE (At time of this birth) 30 YEARS		15. BIRTHPLACE (State or foreign country) PARMA, IDAHO		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT Betty Lorraine Hays Mother							
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH 2 LBS. 10 1/2 OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date July 21, 1958			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature Separation of The Placenta					
		20b. MATERNAL CAUSES None					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None				22. STATE ALL OPERATIONS FOR DELIVERY None			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:40 p.m.		23a. ATTENDANT'S SIGNATURE Charles E. Krause		(Specify if M. D., midwife, or other) M. D.		23b. DATE SIGNED Dec. 19, 1958	
		23c. ATTENDANT'S ADDRESS		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL Chas B. Flahiff	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE 12/13/58		25c. NAME OF CEMETERY OR CREMATORY Canyon Hill		25d. LOCATION (City, town, or county) (State) Caldwell, Idaho	
DATE REC'D BY LOCAL REG. 12-19-58		REGISTRAR'S SIGNATURE Agnes M. Lennan		26. FUNERAL DIRECTOR ADDRESS Flahiff Funeral Chapel Chas B. Flahiff			

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

194
State File No. _____
Local Reg. No. 5423
Reg. Dist. No. 540

1. PLACE OF STILLBIRTH a. COUNTY <u>Franklin</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Preston</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>General Memorial Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Franklin</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston</u> d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Tingey</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Dec. 1 1958</u>
7. FATHER'S NAME a. (First) <u>W</u> b. (Middle) <u>Maurice</u> c. (Last) <u>Tingey</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>49</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Mendon, Utah</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Ruth</u> b. (Middle) c. (Last) <u>Bastian</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>44</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Mendon, Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>7</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>W. Maurice Tingey</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Premature placental separation</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Leo R. Hawkes M.D.</u>		23b. DATE SIGNED <u>12/4/58</u>
	23c. ATTENDANT'S ADDRESS <u>Preston Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE <u>Attestation</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Dec. 2, 1958</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Weston</u>	25d. LOCATION (City, town, or county) (State) <u>Weston Idaho</u>
DATE REC'D BY LOCAL REG. <u>12-2-1958</u>	REGISTRAR'S SIGNATURE <u>Ebbe W. Brewer</u>		26. FUNERAL DIRECTOR ADDRESS <u>Webb Funeral Home</u> <u>Preston, Idaho.</u>

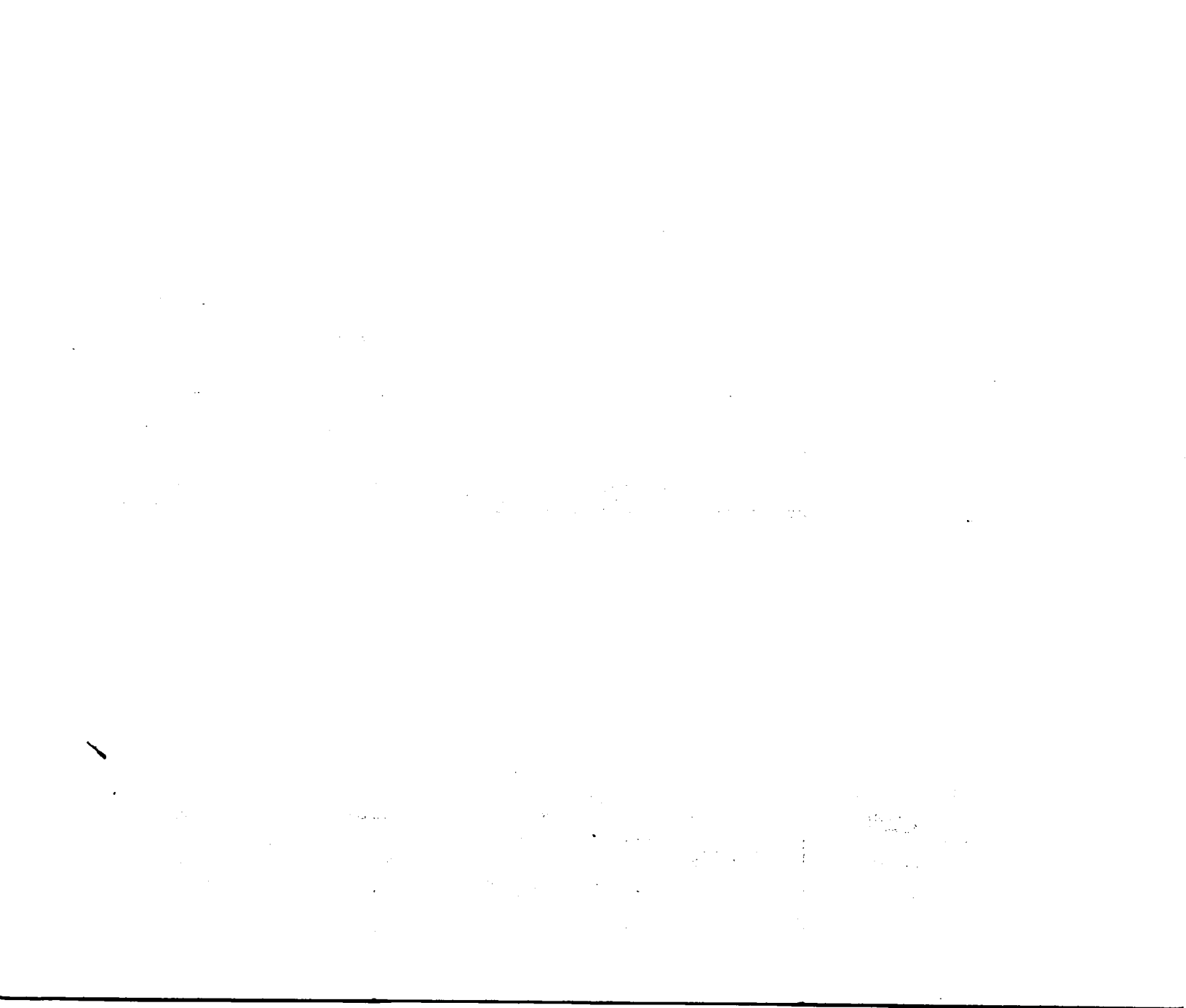
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 195
Local Reg. No. 282
Reg. Dist. No. 230

RECEIVED

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kamiah	
c. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS (If rural, give location) none	
3. CHILD'S NAME (Type or Print) VONNETTA WATERS WATERS			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Dec. 28 1958
7. FATHER'S NAME a. (First) Vernon b. (Middle) Edward c. (Last) WATERS Watters		8. COLOR OR RACE Indian	
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Idaho, Ferdinand	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY Lumbering
12. MOTHER'S MAIDEN NAME a. (First) Maisie b. (Middle) Margaret c. (Last) Moses		13. COLOR OR RACE Indian	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Nevada, Owyhee	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT x Vernon Watters			
18a. LENGTH OF PREGNANCY 37 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 9 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Infection hepatitis		20a. FETAL CAUSES Infection hepatitis	
20b. MATERNAL CAUSES Infection hepatitis severe			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR 3 weeks prior to her death.		22. STATE ALL OPERATIONS FOR DELIVERY Spontaneous	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:00 P. m.		23a. ATTENDANT'S SIGNATURE V. Watters	23b. DATE SIGNED 1/5/59
23c. ATTENDANT'S ADDRESS Lewiston, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL H. H. Malcom	
25a. BURIAL, CREMATION, REMOVAL (Specify) removal - burial	25b. DATE 12/30/1958	25c. NAME OF CEMETERY OR CREMATORY Watters' Cemetery	25d. LOCATION (City, town, or county) (State) Juliaetta, Latah
DATE REC'D BY LOCAL REG. 1/7/59	REGISTRAR'S SIGNATURE Cara Kinger	26. FUNERAL DIRECTOR ADDRESS H. H. Malcom Lewiston, Idaho	



RECEIVED

(1973 Revision of Standard Certificate)

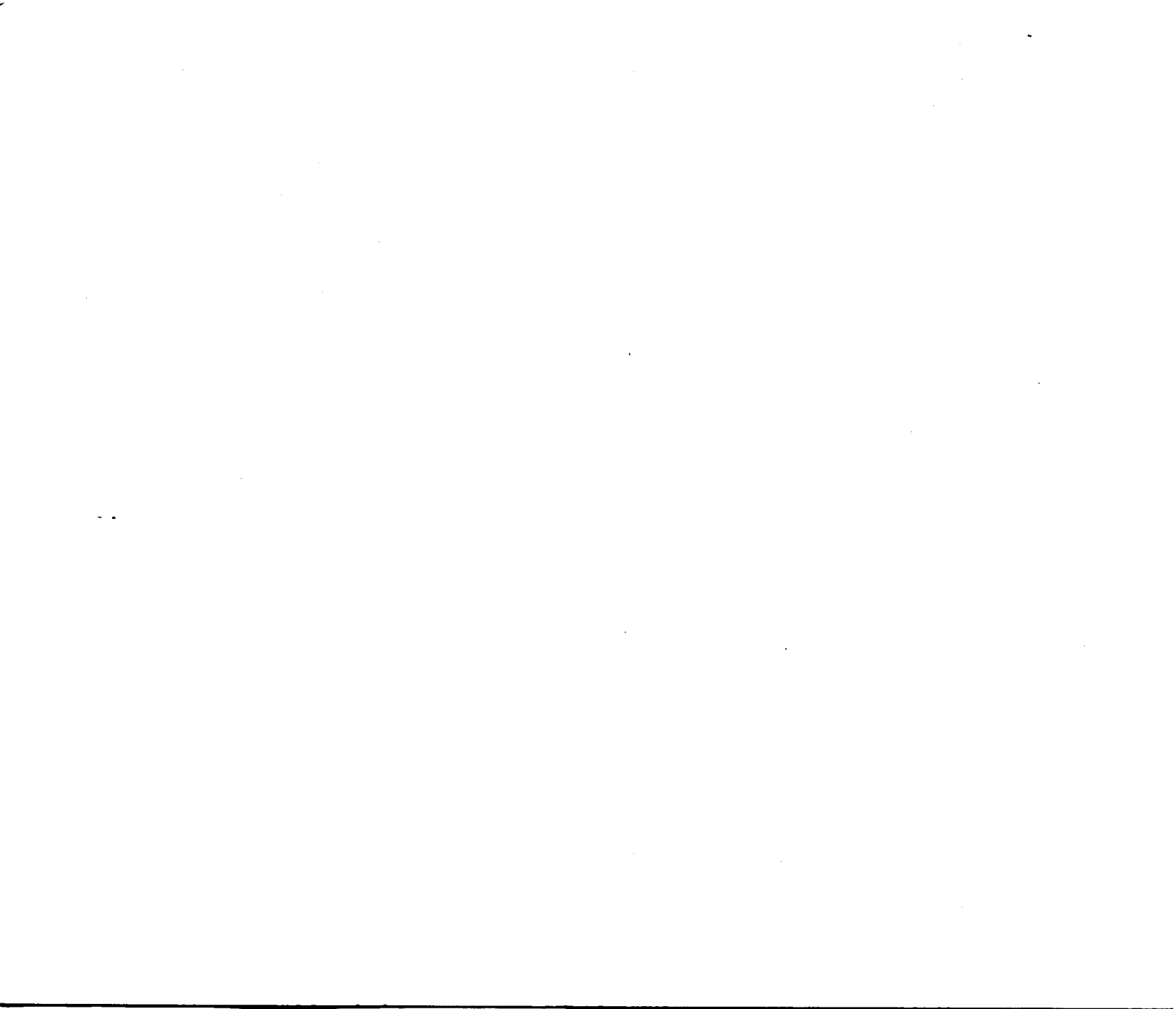
CERTIFICATE OF STILLBIRTH

JAN 19 1959

State of Idaho

State File No. 196
Local Reg. No. 1
Reg. Dist. No. 322

1. PLACE OF STILLBIRTH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Wash.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weiser.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weiser R.F.D. 2nd</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Memorial Hosp Weiser</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 2.</u>	
3. CHILD'S NAME (Type or Print) <u>Kenneth Lee Boyer.</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Dec 29 1958</u>
7. FATHER'S NAME a. (First) <u>Henry</u>		b. (Middle) <u>H</u>	
		c. (Last) <u>Boyer.</u>	
9. AGE (At time of this birth) <u>39</u> YEARS		8. COLOR OR RACE <u>White</u>	
10. BIRTHPLACE (State or foreign country) <u>New Athens Ill.</u>		11a. USUAL OCCUPATION <u>Farmer</u>	
		11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Beba</u>		b. (Middle) <u>Helen</u>	
		c. (Last) <u>Wills</u>	
14. AGE (At time of this birth) <u>29</u> YEARS		13. COLOR OR RACE <u>White</u>	
15. BIRTHPLACE (State or foreign country) <u>Mt Laurel New Jersey</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u>	
		b. How many children were born alive but are now dead? <u>1</u>	
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Henry P. Boyer</u>			
18a. LENGTH OF PREG. NANCY <u>28-30</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes... <u>X</u> ... No.....	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity - No other cause determined</u>	
		20b. MATERNAL CAUSES <u>none</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Hyden Rancho, M.D.</u>	
		23b. DATE SIGNED <u>9 Jan 59</u>	
23c. ATTENDANT'S ADDRESS <u>Weiser - Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>T. B. Bailey Weiser Idaho.</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		25b. DATE <u>1-2-59</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Northam-Jones</u>		25d. LOCATION (City, town, or county) (State) <u>Weiser, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>1-2-59</u>		25e. FUNERAL DIRECTOR <u>T. B. Bailey Weiser Idaho.</u>	



BUREAU OF VITAL STATISTICS
JAN 26 1959
CERTIFICATE OF STILLBIRTH

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u> d. STREET ADDRESS (If rural, give location) <u>RFD # 2</u>		
3. CHILD'S NAME (Type or Print) <u>Stillborn Baby Boy Stevens</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>December 20, 1958</u>		
7. FATHER'S NAME a. (First) <u>Junior</u> b. (Middle) c. (Last) <u>Stevens</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>20</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Laborer</u>		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) <u>Gwen</u> b. (Middle) c. (Last) <u>Denning</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>18</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>Gwen Stevens</u>					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... <u>Approximate date</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Fetal atelectasis</u> 20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE <u>Gwen Stevens</u> (Specify if M.D., midwife, or other) 23b. DATE SIGNED <u>1/19/59</u>		23c. ATTENDANT'S ADDRESS <u>Idaho Falls, Ida</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Jack A. Wood, Jr.</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>1/13/59</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Ammon Cemetery</u>		25d. LOCATION (City, town, or county) (State) <u>Ammon, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 22-1959</u>		REGISTERAR'S SIGNATURE <u>Anna Bridges</u>		26. FUNERAL DIRECTOR <u>Jack A. Wood, Jr.</u> ADDRESS <u>Idaho Falls, Idaho</u>	

J. Bell,

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. **198**
Local Reg. No. **153**
Reg. Dist. No. **200**

1. PLACE OF STILLBIRTH a. COUNTY Latah FEB 2 1959 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mosco c. FULL NAME OF HOSPITAL OR INSTITUTION Critman Memorial		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Latah c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Conese d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Joseph - Zenner			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Dec 29, 1958
7. FATHER'S NAME a. (First) Andrew b. (Middle) Gilbert c. (Last) Zenner		8. COLOR OR RACE White	
9. AGE (At time of this birth) 41 YEARS	10. BIRTHPLACE (State or foreign country) Uniontown, Wash.	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Marie b. (Middle) Henriette c. (Last) Reisenauer		13. COLOR OR RACE White	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Cotton, Wash.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Seven b. How many children were born alive but are now dead? one c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? one	
17. INFORMANT Mrs Andrew Zenner			
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. - OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date July 1958	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Stricture of Umbilical Cord due to twisting		
	20b. MATERNAL CAUSES Placental Insufficiency		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None. Fetal bones absent 3 weeks before birth			
23a. ATTENDANT'S SIGNATURE Philly D. Speckhaug MD		23b. DATE SIGNED 1-1-59	
23c. ATTENDANT'S ADDRESS 1154		24. SIGNATURE OF AUTHORIZED OFFICIAL Philly D. Speckhaug MD	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 1/5/59	REGISTRAR'S SIGNATURE Gail E. Skoog		26. FUNERAL DIRECTOR ADDRESS

Specimen

RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
APR 20 1959 State of Idaho

State File No. **199**
Local Reg. No. _____
Reg. Dist. No. **370**

1. PLACE OF STILLBIRTH a. COUNTY Ada b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Alphonus Hospital		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise d. STREET ADDRESS (If rural, give location) 303 So. Gourley	
3. CHILD'S NAME (Type or Print) INFANT WISDOM			
4. SEX	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 31, 1958
7. FATHER'S NAME a. (First) Carl b. (Middle) Wisdom c. (Last) white		8. COLOR OR RACE	
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION Operator	11b. KIND OF BUSINESS OR INDUSTRY Service Station
12. MOTHER'S MAIDEN NAME a. (First) Mable b. (Middle) c. (Last)		13. COLOR OR RACE white	
14. AGE (At time of this birth) 39 YEARS	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT from record <i>Quibben</i>			
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES <i>Premature Separation of Placenta</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Bleeding</i>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:50 A.M.		23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) <i>Donald M. West M.D.</i> 23b. DATE SIGNED <i>Jan 20, 1959</i>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Russell G. Ely</i> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Disposal	25b. DATE 1/9/59	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 4-16-59	REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>	26. FUNERAL DIRECTOR <i>Russell G. Ely</i> ADDRESS Boise, Idaho Relvea Mortuary	

CONFIDENTIAL

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

1. *Journal of the American Medical Association*, 1990; 263: 1025-1028.